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ABSTRACT

This document presents ALERT, a substance abuse primary prevention program for use with students in grades four, five, and six. The ALERT program is described as promoting higher order thinking skills since each lesson is correlated with Bloom's Taxonomy of Educational Objectives; as providing opportunities for cooperative learning and for significant dialogue between and among students and their teachers; as being "teacher friendly," containing detailed, step-by-step lesson plans, transparencies, student worksheets, and enrichment and evaluation plans; and as requiring no additional class time since the lessons in the curriculum can be integrated into science, health, reading, language arts, social studies, and physical education classes. Included are the five units (20 lessons) of the ALERT program: (1) Health and You; (2) Drugs That Can Help Us; (3) Drugs That Can Harm Us; (4) Recognizing and Resisting Pressures to Use Drugs; and (5) Making Responsible Decisions. Each of the 20 lessons contains a lesson overview; a set of lesson objectives; and sections on time required, materials needs, vocabulary list, teaching procedures, enrichment options, evaluation, and direct instruction. Additional materials and resources are appended. Ready-to-use transparencies are included, as are the transparency masters. (NB)

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ED295105

ALERT

A Substance Abuse Prevention Curriculum for the Intermediate Grades

(Grades 4, 5, and 6)

CG 020845

DEVELOPED AND PUBLISHED BY:

OFFICE OF KELLY F. BLANTON

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ALERT

ALERT: A Substance Abuse Curriculum for the Intermediate Grades, was written by curriculum specialists in the Office of the Kern County Superintendent of Schools with the advice and assistance of parents, teachers, community leaders, representatives of law enforcement, and the health-related professions. It was field tested in urban, suburban, and rural schools with students in the 4th, 5th, and 6th grades. We believe this curriculum is worthy of your consideration, especially as you prepare programs to meet the requirements of Public Law 99-570, The Drug Free Schools and Communities of 1986.

To assist you in implementing this primary prevention program, we would like to call attention to some of the special features of the ALERT curriculum:

> ALERT consists of five units (20 lessons) which help students learn about the effects of drug use, the reasons why drugs are harmful, how to make informed choices, and ways to resist pressure to try drugs.
> ALERT is "teacher friendly." It contains detailed, step-by-step lesson plans, transparencies, student worksheets, enrichment and evaluation plans.
> ALERT does not require additional class time. The lessons in this curriculum, which were developed in accordance with state guidelines, can be integrated into science, health, reading, language arts, social studies, and physical education as those subjects are regularly taught.
> ALERT is a curriculum which provides opportunities for cooperative learning and for significant dialogue between and among students and their teachers.
> ALERT promotes higher order thinking skills; each lesson is correlated with Bloom's Taxonomy of Educational Objectives.

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FOREWORD

Although recent public opinion polls show that Americans consistently identify drug use as one of the major problems confronting the nation's schools, many fail to realize the degree to which their own children, their own schools and their own communities are at risk. But facts are stubborn things; the time has come when we must face squarely certain facts about drug use. Research shows not only that drug use among children is ten times more prevalent than parents suspect, but that initial drug use is occurring at increasingly earlier ages. The percentage of students using drugs and alcohol by the sixth grade has tripled over the last decade. Drug use is not confined to any certain geographic area, population group or economic level in our society; it is found in cities, suburbs and rural communities, among all ethnic groups, and among the rich, the poor and the middle class. Our schools, therefore, can no longer ignore the dangers that confront us as a society. We need to mount an educational effort equal to the sobering challenge that we face.

Realizing that the best way to combat drug and alcohol use is to begin prevention efforts early, we have developed ALERT: A Substance Abuse Curriculum for the Intermediate Grades, (4, 5, and 6). ALERT was written by curriculum specialists in the Kern County Superintendent of Schools Office with the advice and assistance of parents, teachers, community leaders and representatives of law enforcement and health-related professions. We believe that this curriculum represents an important step in the fight against drugs. It instills respect for a healthy body and mind; it imparts knowledge of how the body functions, how personal habits contribute to good health and how drugs affect the body. It also helps intermediate grade students recognize peer influence, both positive and negative, and it helps them develop responsible decision-making skills and techniques for resisting pressures to use drugs.

We encourage your participation in this significant educational effort to provide America's children with the knowledge and skills they need to eschew the use of drugs and to become productive, healthy and effective citizens.

Kelly F. Blanton
Kern County Superintendent of Schools

THE NATIONAL FOOTBALL LEAGUE

FOREST S. TENNANT, JR., M.D., DR. P.H.
DRUG ADVISOR

July 15, 1987

Margaret Branson, Ed.D.
Director, Curricular Services
Kern County Schools
5801 Sundale Ave.
Bakersfield, CA 933309

Dear Dr. Branson,

Let me congratulate you on developing a most comprehensive curriculum for the intermediate grades of 4,5 and 6. This is an extremely important age to teach when this is the approximate age when children begin to solidify their health habits.

Not only does your curriculum educate about drugs it educates about the mind and body. It has been my long opinion that one of the most effective ways to prevent drug abuse is to have young children develop a keen awareness of their body, self-esteem and respect for their entire spiritual being.

The time and effort that it has taken to develop this curriculum is obvious. It is a tribute to you and your school system and for the betterment of the children that it will impact.

Best Regards,

Forest Tennant

Forest Tennant, M.D., Dr. P.H.

FST:cm

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TRANSPARENCIES

Ready-to-use transparencies are at the back of this binder. Transparency masters are contained in the appropriate lessons.

RATIONALE

Substance abuse is both a serious and a continuing problem; it is a problem which has plagued Americans for more than two decades. The health, social and economic costs of drug and alcohol abuse are virtually immeasurable. Day-to-day evidence in the news media shows only too clearly that millions of lives are left scarred by the drug "industry." The unfortunate reality is that the manufacture of illegal drugs is a booming industry. Reliable estimates put drug sales at $100 billion yearly.[1] This amount is equal to as much money as is spent in a year at all of the gasoline service stations or in all of the eating and drinking places in the United States.[2]

No community in our nation is immune to the problem of substance abuse. Substance abuse is not confined to any certain geographic area, population group, or economic level in our society. It is found in cities, suburbs, and rural communities; among all ethnic groups and among the rich, the poor, and the middle class. And the tragedy continues to unfold as mounting evidence points to the unsettling fact that our young people are particularly at risk. The United States has the dubious distinction of having the highest rate of teenage drug use of any industrialized nation.[3] Even more disturbing is the fact that initial drug use is occurring at an increasingly early age. Nationally the percentage of students using drugs by sixth grade has tripled over thelast decade.[4] These sobering realities point to the need for our schools to intensify their efforts to cope with problems of substance abuse, particularly their efforts at primary prevention or the preventing of substance abuse before problems begin.

America's schools are uniquely qualified to spearhead the drive against substance abuse. First, schools are the one means of reaching all of the children of all of the people. Secondly, children spend almost half of their waking hours, five days a week, involved in school activities away from home. Schools, therefore, constitute the most important focal point for the youth of the community. Third, the nation's schools are a multi-billion dollar infrastructure working for parents and taxpayers. Parents and taxpayers are in almost universal agreement that schools should require drug education. According to the 1986 Gallup Poll, ninety percent of the American public endorses mandatory drug education.[5] Finally, America's schools are staffed with teachers experienced in working with young people. If America's teachers are provided with curricula appropriate to the needs of their students, and, if they are given administrative support and adequate in-service training, they will prove equal to the critically important challenge of providing effective primary substance abuse prevention education.

There is not one "surefire," always successful method of providing primary prevention education. Research shows most successful programs tend to be eclectic. These programs incorporate five elements which have been shown to be essential to successful primary prevention education.[6] The five critical elements, all of which are incorporated in the ALERT curriculum, are:

1. INFORMATION about types of drugs and why people take drugs. This information is essential because it provides students with knowledge of how their bodies function, how their personal habits contribute to good health, and how drugs affect their bodies.

2. HEALTH AND SAFETY in relation to drug use, including the dangers of ingesting unknown substances, the physiological effects of tobacco, alcohol, and other harmful drugs, and the distinctions between medicine and drugs.

3. DECISION-MAKING SKILLS, or how students can systematically examine the possible consequences of their actions in light of their conscious personal goals and values.

4. REFUSAL SKILLS, or how to say "NO" in the face of pressure, be it subtle, suggestive advertising pressure, or more overt pressure from peers.

5. ALTERNATIVES TO ALCOHOL AND DRUGS, or activities that reinforce the positive, drug free elements of life. Students need to learn to have fun without drugs. They need opportunities to contribute to the quality of life in their schools, their families and their communities.

Just as there is no one "best" method of providing primary prevention education, so there is no one "best" age for embarking on it. Research, however, strongly supports the concept that the ideal time to begin primary drug prevention education is during the pre- or early adolescent period. Students in the intermediate grades (4, 5, and 6) are full of questions and hungry for accurate information. They are eager to develop skills which enhance their health - physical, mental, and social. And they are not yet as enmeshed in peer groups as they are likely to be in later adolescence. For these reasons the ALERT curriculum was designed for use with students in the intermediate grades.

ALERT: A Substance Abuse Curriculum for the Intermediate Grades, was written by curriculum specialists in the Office of the Kern County Superintendent of Schools with the advice and assistance of parents, teachers, community leaders, representatives of law enforcement, and the health-related professions. It was field tested in urban, suburban, and rural schools with students in the 4th, 5th, and 6th grades. We believe this curriculum is worthy of your consideration, especially as you prepare programs to meet the requirements of Public Law 99-570, The Drug Free Schools and Communities of 1986.

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ALERT is a curriculum which provides opportunities for cooperative learning and for significant dialogue between and among students and their teachers.

ALERT promotes higher order thinking skills; each lesson is correlated with Bloom's Taxonomy of Educational Objectives.

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[1] Malcolm Lawrence, "Drug Abuse Prevention: The Role of the Schools," Vital Speeches L II (August 15, 1986):648.

[2] The Information Please Almanac, 1987 ed., "Estimated Annual Retail and Wholesale Sales by Kind of Business":54.

[3] U.S. Department of Education. What Works: Schools Without Drugs, 1986:5.

[4] Ibid.

[5] Educational Week, 28 (August 25, 1986):381.

[6] Report of Attorney General John K. Van de Kamp: A Statewide Survey of Drug and Alcohol Use Among California Students in Grades 7, 9, and 11. Roger Skager, Project Director (Sacramento, California: Office of the Attorney General Crime Prevention Center, 1986). passim. and U.S. Department of Education. What Works. op. cit., passim.

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Field Test Sites

Beardsley School District
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Greenacres School, Fruitvale School District
Mettler School, El Tejon Union School District
Mojave Unified School District
Myrtle Avenue School, Lamont School District
Richland Intermediate School, Richland School District

CURRICULUM ALIGNMENT: A Matrix

MAJOR GOALS, CONCEPTS OR TOPICS SPECIFIED IN STATE ADOPTED CURRICULUM DOCUMENTS

	Health	History/ Social Science
Lesson 1: What Is Health?	Personal Health -wellness -mental-emotional health	
Lesson 2: What We Do To Be Healthy	Personal Health -wellness -physical fitness -rest, sleep, relaxation Nutrition Mental-Emotional Health	
Lesson 3: My Body Systems	Personal Health -body systems	
Lesson 4: The Physical Me	Personal Health -physical fitness & cardiovascular health	
Lesson 5: Knowing Myself	Personal Health -wellness Mental-Emotional Health -self acceptance -emotions	Ethical Literacy -dignity of the individual
Lesson 6: What Are Drugs And Why Do We Use Them?	Substances -uses, precautions Diseases -prevention & control Consumer Health -criteria	
Lesson 7: What's On An Over-The-Counter (OTC) Drug Label	Substances -uses -precautions Consumer Health -criteria	Skills Attainment -basic skills -social participation skills
Lesson 8: Getting To The Drug Store	Community Health -planning-laws -responsibility	Socio-Political Literacy -relationship between society & law Civic Values -societal needs
Lesson 9: Tobacco And Its Effects On The Human Body	Personal Health -cardiovascular health Substances -harmful effects Diseases -causal factors	
Lesson 10: Alcohol And Its Effects On The Human Body	Personal Health -cardiovascular health Substances -harmful effects Diseases -causal factors	Civic Values, Rights & Responsibilities -individual responsibility to society Participation Skills

CURRICULUM ALIGNMENT: A Matrix

MAJOR GOALS, CONCEPTS OR TOPICS SPECIFIED IN STATE ADOPTED CURRICULUM DOCUMENTS

Language Arts	Physical Education	Science
Past Experience and Existing Knowledge -oral discussion Writing to Clarify Thinking -pre-writing -revising -drafting	Physical Fitness and Wellness -mental alertness -sleep and rest practices	Biological Science -conditions for good health Process Skills -observing -communicating
Oral Communication Higher-order thinking skills -classifying	Physical Fitness and Wellness -sleep and rest practices -knowledge and understanding	Biological Science -conditions for good health Process Skills -observing -communicating
Reading -oral -group -meaningful context Past Experience and Existing Knowledge	Physical Fitness and Wellness -functions of body systems	Biological Science -body systems Process Skills -observing -communicating -comparing
Activity experience to build background knowledge and promote vocabulary acquisition	Physical Fitness and Wellness -functions of body systems	Biological Science -body systems -exercise as a condition for health Process Skills -relating
Past Experience and Existing Knowledge -oral discussion -writing	Social Development -respect for self Self-image Individual Excellence -self-appraisal	
Listening and oral discussion to promote higher order thinking skills -compare/contrast		Biological Science -drugs and body systems Process Skills -observing -inferring -communicating -comparing
Past Experience and Existing Knowledge to promote critical reading		Biological Science -responsible behavior Process Skills -comparing -organizing
Reading -oral -group -reader's theater		Technology and Society -solving social problems -scientific process Process Skills -observing -inferring
Listening Activity to build background knowledge	Physical Fitness and Wellness -health habits -personal hygiene	Biological Science -effect on body systems Process Skills -observing -relating -inferring
Listening Activity to build background knowledge	Physical Fitness and Wellness -health habits -personal hygiene	Biological Science -effect on body systems Process Skills -observing -relating inferring

CURRICULUM ALIGNMENT: A Matrix

MAJOR GOALS, CONCEPTS OR TOPICS SPECIFIED IN STATE ADOPTED CURRICULUM DOCUMENTS

	Health	History/ Social Science
Lesson 11: Marijuana And Its Effects On The Human Body	Personal Health Mental-Emotional Health Misuse of Substances Community Health	Civic Values, Rights and Responsibilities -individual responsibility to society Participation Skills
Lesson 12: Other Harmful Drugs	Personal Health Mental-Emotional Health Misuse of Substances Diseases and Disorders	Civic Values, Rights and Responsibilities -individual responsibility to society Participation Skills
Lesson 13: Advertising: How It Influences Our Behavior		Economic Literacy -purpose/goals Social Participation Skills -informed/effective participation Critical Thinking Skills -judging information
Lesson 14: Peer Support and Peer Pressure: How They Affect Us	Mental-Emotional Health -acceptance of self and others -coping with stress and anxiety	Participation Skills -group interaction
Lesson 15: Dealing With Peer Pressure	Mental-Emotional Health -coping with stress and anxiety Mususe of Substances -alternatives	Participation Skills -group interaction Critical Thinking Skills -judging information -identifying alternatives
Lesson 16: Thinking About Your Goals		Participation Skills -self-awareness Critical Thinking Skills -judging information
Lesson 17: What Is A Responsible Decision?	Mental-Emotional Health -resolving problems	Civic Values, Rights, Responsibilities -individual responsibility Critical Thinking Skills -identifying a problem -judging information -drawing a conclusion
Lesson 18: Deciding: How To Do It	Mental-Emotional Health -resolving problems	Civic Values, Rights, Responsibilities -individual responsibility Critical Thinking Skills -identifying a problem -judging information -drawing a conclusion
Lesson 19: Making A Responsible Decision About Drugs	Mental-Emotional Health -resolving problems Misuse of Substances -decision-making Community Health -laws and regulations	Civic Values, Rights, Responsibilities -individual responsibility Critical Thinking Skills -identifying a problem -judging information -drawing a conclusion
Lesson 20: Just Say No!	Mental-Emotional Health -acceptance of self -coping with stress and anxiety Misuse of Substances -alternatives	Participation Skills -group interaction Critical Thinking Skills -judging information

CURRICULUM ALIGNMENT: A Matrix

MAJOR GOALS, CONCEPTS OR TOPICS SPECIFIED IN STATE ADOPTED CURRICULUM DOCUMENTS

Language Arts	Physical Education	Science
Listening Activity to build background knowledge	Physical Fitness and Wellness -health habits -personal hygiene	Biological Science -effect on body systems Process Skills -observing -relating -inferring
Listening Activity to build background knowledge	Physical Fitness and Wellness -health habits -personal hygiene	Biological Science -effect on body systems Process Skills -observing -relating -inferring
Creative Writing -clarify thinking -build background knowledge		
Balanced Oral Language Experience -listening -oral discussion -thinking -writing	Social Development -respect for self and others -appreciation of individual differences	
Reading -teacher aloud -student aloud -meaningful context	Social Development -respect for self and others -appreciation of individual differences -self image -coping skills	
Past Experience and Existing Knowledge -listening -oral discussion -writing Parents Involved In Learning	Self-image and Self-realization -self-expression Individual Excellence -setting realistic goals -personal commitment	
Activity experience to build background knowledge and promote vocabulary acquisition		
Reading and oral discussion to promote higher-order thinking skills -compare/contrast -predict consequences		
Oral discussion to promote higher-order thinking skills -compare/contrast -predict consequencees		Biological Science -drugs and body systems Process Skills -observing -inferring -applying
Writing to clarify thinking and oral discussion		

The preceding matrix is intended as a visual illustration of how existing content specifications in health, history/social science, language arts, physical education and science (grades 4-8) are addressed in the twenty lessons of this drug curriculum. In addition, the matrix is designed to demonstrate the interdisciplinary approach that is fundamental to this curriculum.

The content specifications cited in the matrix have been taken from the following documents:

1. Health Instruction Framework, California State Department of Education, 1978 - Reprinted, 1985
2. History/Social Science Framework, California State Department of Education, 1987
3. English/Language Arts Model Curriculum Guide, K-8, California State Department of Education, 1987
4. Handbook for Physical Education, California State Department of Education, 1986
5. Science Framework Addendum, California State Department of Education, 1984

CORRELATION OF THIS CURRICULUM TO BLOOM'S TAXONOMY OF EDUCATIONAL OBJECTIVES

Lesson	Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
1. What Is Health?	X	X	X	X	X	X
2. What We Do To Be Healthy	X	X	X	X	X	
3. My Body Systems	X	X	X	X		
4. The Physical Me	X	X	X	X		
5. Knowing Myself	X	X	X	X		
6. What Are Drugs And Why Do We Use Them?	X	X	X			
7. What's On An Over-The-Counter (OTC) Drug Label	X	X	X			
8. Getting To The Drugstore	X	X	X	X		
9. Tobacco And Its Effects On The Human Body	X	X	X	X	X	
10. Alcohol And Its Effects On The Human Body	X	X	X			X
11. Marijuana And Its Effects On The Human Body	X	X	X	X		X
12. Other Harmful Drugs	X	X	X	X	X	X
13. Advertising: How It Influences Our Behavior	X	X	X	X	X	X
14. Peer Support And Peer Pressure: How They Affect Us	X	X	X	X	X	X
15. Dealing With Peer Pressure	X	X	X	X	X	X
16. Thinking About Your Goals	X	X	X	X	X	X
17. What Is A Responsible Decision?	X	X	X	X	X	X
18. Deciding: How To Do It	X	X	X	X		X
19. Making A Responsible Decision About Drugs	X	X	X	X	X	X
20. Just Say No!	X	X	X		X	

BLOOM'S TAXONOMY OF EDUCATIONAL OBJECTIVES: AN OVERVIEW

KNOWLEDGE: Knowledge is defined as the recognizing or remembering of previously learned information or material.

Descriptive Verbs: name, state, list, identify, label

Model Question: What is an over-the-counter drug?

COMPREHENSION: Comprehension is defined as the ability to understand or grasp the meaning of information or material.

Descriptive Verbs: explain, comment, demonstrate, summarize, give examples

Model Question: Who can explain in simpler words what the leading health experts say about cigarette smoking?

APPLICATION: Application refers to the ability to use learned information or material in a new situation.

Descriptive Verbs: apply, change, modify, use, predict

Model Question: Alcohol can severely damage an adult's body or even cause death. Why would alcohol be even more dangerous to a young person's body?

ANALYSIS: Analysis refers to the ability to separate or divide material into component parts so that its structure may be understood.

Descriptive Verbs: diagram, outline, divide, separate, compare

Model Question: How would you describe the difference between peer support and peer pressure?

SYNTHESIS: Synthesis refers to the ability to combine parts to form a new whole. This may involve the production of a unique communication (a poster, essay, musical composition, or dramatic skit).

Descriptive Verbs: combine, create, design, rearrange, reorganize, write

Model Question: Imagine that you have been asked to create a public service announcement for television. How would you create a 30 second commercial which encourages young people to "say no" to tobacco, alcohol, and drugs?

EVALUATION: Evaluation is judging (for a given purpose and based on clearly defined criteria) the value or worth of information or material.

Descriptive Verbs: judge, compare, evaluate, consider, assess

Model Question: Considering your goals, values, and health, why is experimenting with drugs an irresponsible decision?

USING THE LESSONS: AN OVERVIEW

LESSON 10: ALCOHOL AND ITS EFFECTS ON THE HUMAN BODY

LESSON OVERVIEW

Alcohol is one of the most commonly used drugs. Alcohol causes about 240,000 deaths in the United States each year. In California, alcohol is a factor in over 2,000 traffic deaths and over 40,000 traffic injuries each year.

LESSON OBJECTIVES

The student will:

describe the path that alcohol takes in the body.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

alcoholic:	a person suffering from alcoholism, an illness in which there is a strong desire to continue drinking alcoholic beverages

ENRICHMENT OPTIONS

As a learning log entry, the students could write a paragraph on the effects alcohol has on a specific organ of the body.

EVALUATION

Participation in class discussion

DIRECT INSTRUCTION: HOW TO PROCEED

The following is a suggested script for this lesson. It may be modified to meet your needs.

Say: In the last lesson, we discussed the effects tobacco has on the human body. In this lesson, we are going to talk about alcohol, the most commonly used drug in the world. Alcohol is

States the purpose of the lesson.

States the objectives of the activity.

Suggests the amount of class time needed to complete the lesson.

Indicates what is needed in order to complete the activity.

Lists words or concepts which need not be taught explicitly, but whose meanings ought to emerge as a result of the lesson.

Expands the concepts explored by the main part of the activity. One of the options each day is a learning log entry.

Suggests methods by which the teacher may evaluate the success of the lesson.

Suggests teaching procedures including a script for the lesson which may be modified to meet the needs of the teacher, students, or both. Also included are specific activities such as worksheets, acrostics, and stories.

LESSON 1:
WHAT IS HEALTH?

LESSON OVERVIEW

Health is more than just the absence of disease.This lesson will give students the opportunity to think about what health is, and, as a group, to develop a definition of health. The teacher will guide the student discussion to assure that optimal physical, mental, and social well-being and functioning are considered and included in the definition of health developed by the class.

LESSON OBJECTIVES

The student will:

participate in a brainstorming session to develop a definition of health in terms of physical, mental, and social well-being.

write or state a definition of health in terms of physical, mental, and social well-being.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Definitions of Health" teacher information sheet (included)

Pencils and paper

Dictionaries (optional)

Composition book for a learning log or journal (optional)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

brainstorming:	listing all details that immediately come to mind on a subject
function:	proper work or use
mental:	of the mind; of or relating to the mind, intellectual
optimal:	the best; most desirable or favorable
physical:	of the body; of or relating to the body
social:	concerned with human beings as a group; living or liking to live with others
well-being:	a state of health, happiness, prosperity, etc.

TEACHING PROCEDURES

The teacher will lead a class discussion guiding students through the development of a definition of health.

See the teacher information sheet (page 6) for examples of appropriate definitions.

During the discussion that follows, the teacher (or a recorder) will record the key phrases from the students' responses (brainstorming) on Transparency #1 "Brainstorming." The teacher also could use chalkboard or chart paper. Brainstorming is a technique used to encourage fluency in response to a given topic. All responses (that are appropriate in the classroom) are acceptable and acknowledged.

In this first lesson and the succeeding ones, a script is provided to assist the teacher in eliciting appropriate student responses. The script is not intended to be used verbatim, but it suggests an appropriate approach to instruction. The teacher may wish to modify the script, to paraphrase, or to ask additional questions to stimulate thinking and to enhance discussion. For example, the teacher could ask students to:

clarify an answer - "Would you please explain that?"

elaborate on a statement - "Can you think of another example?"

justify an opinion - "Why do you think that?"

ENRICHMENT OPTIONS

"Health Makes Happiness" Acrostic Worksheet can be used to reinforce the vocabulary and stimulate self-awareness of positive health behaviors.

The second acrostic activity, "My Health Makes Happiness," may be used as a prompt for an extended writing activity.

Each student could write his/her own definition of health, editing for spelling, capitalization, and punctuation.

The individual definitions of health could be the first entry in a learning log or journal to be used throughout the program.

The definitions could be shared in small groups. The best definition in each group could be read to the class.

Develop a health logo which symbolizes the definition of health agreed on by the class. Make a poster illustrating physical, mental, and/or social dimensions of health.

EVALUATION

Teacher judgment of student contributions to class discussions.

Review of written definitions and/or optional enrichment activities.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: Today we are beginning a new unit; we will be learning about health and about ourselves and we will develop our definition of health. We will begin by using what we have right here in our own classroom to guide us.

Ask: Can anyone think of what references we have right here in this classroom that we might use in learning about health and ourselves? (e.g. health textbook, encyclopedia, dictionary, etc.)

Ask: How can these references (from student responses, e.g., health textbook) help us learn about health?

Ask: Can anyone think of who in this room we might use to help us learn about health and about ourselves? (If students don't discover themselves as resources say: If we are going to learn about health and about ourselves, who knows more about us than each of us? You, each of you, can help us learn about health and about ourselves.)

Say: What we have been doing as I asked questions and as you responded is called brainstorming. To brainstorm is to list all the details that immediately come to mind on the subject. Let's continue brainstorming as we learn about health and ourselves. I will record your ideas on this transparency. (Use Transparency #1)

The Physical Dimension

Say: When we think of health we usually think first of our physical bodies. How many words or ideas come to mind when you hear the word physical? (The students should suggest words or ideas such as physical education, physical examination, physical fitness, physician, etc.)

Say: Take a moment to think about what it means to have a healthy body. PAUSE

Ask: Who wants to explain what it means to be physically healthy?

The Mental Dimension

Say: The word mental refers to our minds. Our mental ability is our ability to think, to reason, to read, to understand and to remember.

Ask: Remember a time when you were sick, or maybe even a time when you had not had enough sleep, or were very hungry? Could you do your best work in the classroom? Could you think, read, understand or remember?

Ask: Why do you think our health affects our ability to think? to reason? to read? to understand? to remember?

The Social Dimension

Say: The word social is used to describe the way we get along with others. (Relate the word social to the word society and what it means, and to the word socialize and its meaning.)

Ask: Why does your health affect the way that you get along with your friends, parents, brothers and sisters?

Ask: Why is it important to get along with others? Why is it important to have friends and to be liked by others?

Ask: Why do we feel better when we are getting along well with other people?

Say: We have done some good brainstorming. Now let's use the ideas we have generated to write our own definition of health.

Using the phrases recorded on Transparency #1, the students, along with the teacher, will:

Cluster ideas - Group similar ideas from each of the three dimensions of health. Use Transparency #2 or the chalkboard for this activity.

Identify key phrases to include in the definition.

Outline or rough out the definition - This should be demonstrated visually on the transparency or the chalkboard.

Edit - Refine and correct spelling and punctuation. Verify word choices using dictionary, thesaurus, etc. Use Transparency #3 to demonstrate this process.

Throughout the substance abuse prevention program, the definition of health agreed on by the class should be visible on the chalkboard, bulletin board, or a poster.

DEFINITIONS OF HEALTH

The following are generally accepted definitions of health. The teacher may wish to compare/contrast the definition developed by students in his/her class with one or more of these examples.

HEALTH IS:

being able to live your life at your best; being able to think clearly, to have a healthy body, to relate well with others.
Health Focus on You, 5, Meeks and Heit, Merrill, 1983.

having a healthy body; thinking clearly, and getting along with others; being at your best.
Health Focus on You, 4, Meeks and Heit, Merrill, 1983.

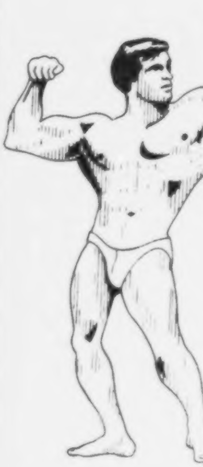
the condition of being well in body and mind.
Webster's New World Dictionary, Basic School Edition, Prentice-Hall, 1983.

a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity.
World Health Organization

the overall condition or functioning of an organism at a particular time; optimal mental and physical soundness and well-being.
Webster's II New Riverside Dictionary, Berkeley, 1984.

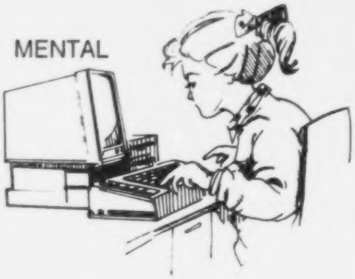
BRAINSTORMING

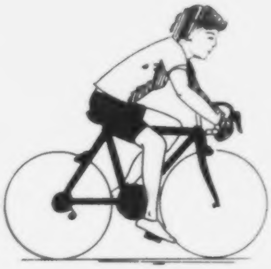
CLUSTERING



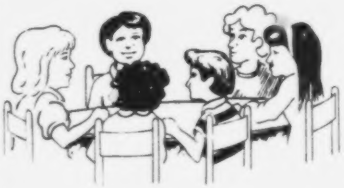
PHYSICAL

MENTAL





HEALTH



SOCIAL

CLASS DEFINITION OF HEALTH

HEALTH MAKES HAPPINESS
ACROSTIC

Fill in the blanks with some of the key words in the definition of health.

_ H _ _ _ _ _
_ E _ _ _ _
_ _ _ _ A _
_ _ _ _ _ _ L
_ _ _ _ T _ _ _ _ _ _
M A K E S _ H A P P I N E S S

KEY WORDS:
- FUNCTIONING
- MENTAL
- OPTIMAL
- PHYSICAL
- SOCIAL
- WELL-BEING

MY HEALTH MAKES HAPPINESS
ACROSTIC

Now fill in the blanks with the physical, mental, and social activities that you enjoy and that cause you to be healthy and happy. You don't need to use every blank.

_ _ _ _ _ _ H _ _ _ _ _ _ _ _
_ _ _ _ _ _ E _ _ _ _ _ _ _ _
_ _ _ _ _ _ A _ _ _ _ _ _ _ _
_ _ _ _ _ _ L _ _ _ _ _ _ _ _
_ _ _ _ _ _ T _ _ _ _ _ _ _ _
M A K E S _ H A P P I N E S S

HEALTH MAKES HAPPINESS ACROSTIC SOLUTION

```
          P H Y S I C A L
          M E N T A L
    S O C I A L
O P T I M A L
    F U N C T I O N I N G
M A K E S _ H A P P I N E S S
```

MY HEALTH MAKES HAPPINESS SAMPLE ACROSTIC SOLUTIONS

```
     CHURCH
   FRIENDS
     FAMILY
 SCHOOL
 SWIM TEAM
MAKES HAPPINESS
```

```
      HORSE
     READING
    TRACK
   GIRL SCOUTS
   GUITAR
MAKES HAPPINESS
```

```
    SCHOOL
  SOCCER
 FOOTBALL
   GIRLFRIEND
 COMPUTER GAMES
MAKES HAPPINESS
```

WORD LIST:

BACK PACKING
BASEBALL
BOY SCOUTS
CAMPING
CHURCH
COMPUTER
DANCING
EATING
FAMILY

FOOTBALL
FRIENDS
GAMES
GIRL SCOUTS
GUITAR
HORSEBACK RIDING
LAUGHTER
MUSIC LESSONS
PIANO

PLAYING
READING
SCHOOL
SLEEPING
SOCCER
SPORTS
TRACK
VIDEO GAMES
VIOLIN

LESSON 2:
WHAT WE DO TO BE HEALTHY

LESSON OVERVIEW

Our health habits determine our level of health. This lesson provides an opportunity for students to identify habits that promote good health, to explain how good habits promote health, and to categorize those good habits in terms of which aspect of health each affects - physical, mental, or social.

LESSON OBJECTIVES

The student will:

list at least three good health habits.

explain how the good health habits listed promote health.

identify which area(s) of health are affected by the good habits listed.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"What We Do To Be Healthy" Master - worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

benefit:	anything which is for the good of a person or thing
habit:	doing a thing over and over again makes it a habit

VOCABULARY CONT'D.

promote:	helping to grow or develop
social:	interacting with others

ENRICHMENT OPTIONS

As a learning log entry, each student could list three health habits and could write a paragraph describing how one of those habits benefits his personal health.

Each student could design and execute an advertisement for the good health habit of his choice.

EVALUATION

Teacher observation/judgement.

Review of student worksheets, learning log entries, and/or advertisement.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: Yesterday we defined health. We also discovered that health is a great deal more than just the absence of illness. (Refer to your class definition from Lesson 1.)

Say: Today we are going to explore what we do to be healthy - our good health habits. A habit is something a person does over and over again.

Ask: Who can give an example of a habit? (Elicit responses from three or four students. Be sure that all students understand what a habit is before proceeding.)

Say: Today we want to concentrate on habits which are beneficial to our health. Let's begin by brainstorming. As you brainstorm, I will record your ideas on this transparency (or chalkboard).

Ask: What are some good health habits? (As students name a good health habit, ask them to explain how that habit benefits our health.)

After a few of the responses have been listed and explained (eating, cleanliness, rest and exercise, etc.), the teacher should ask students to categorize them. The students will decide which part of life each of the habits listed benefits - physical, mental or social.

When appropriate, the teacher can introduce less obvious and more complex habits or behaviors and ask the students to explain how each is beneficial to health and which area or areas it benefits. (Examples: recreation, social interaction, achievement, courtesy, thoughtfulness, etc.)

Distribute student worksheets; give instructions or assistance as needed.

LESSON 2: WHAT WE DO TO BE HEALTHY

	AREA OF HEALTH BENEFITTED		
GOOD HEALTH HABITS	Physical	Mental	Social

LESSON 2: WHAT WE DO TO BE HEALTHY

Name______________________________ Date_______________

Instructions: For each good habit listed, put an "X" under the area of health benefitted. Fill in the blank lines with another good habit for each habit group.

		AREA OF HEALTH BENEFITTED		
GROUP		Physical	Mental	Social
eating	- eat breakfast every day			
	- eat a balanced diet			
	- drink plenty of water			
	- ____________________			
cleanliness	- bathe every day			
	- brush and floss every day			
	- wear clean underwear/socks daily			
	- ____________________			
balance of rest and activity	- sleep at least 8 hours each night			
	- exercise each day			
	- ____________________			
safety and accident prevention	- follow the doctor's or label directions when taking medicine			
	- wear seat belts			
	- wear protective sports equipment			
	- ____________________			
disease prevention	- cover coughs and sneezes			
	- wash hands after wiping nose, toileting, and before eating			
	- stay home from school when ill			
	- ____________________			
recreation	- have fun playing soccer			
	- go fishing			
	- ____________________			
social interaction	- have fun talking to people			
	- spend time with family			
	- ____________________			
achievement	- have fun reading a book			
	- do something that makes you feel good about yourself			
	- ____________________			

ALERT

LESSON 3:
MY BODY SYSTEMS

LESSON OVERVIEW

This lesson deals with the basic concepts of anatomy and physiology necessary to describe and understand how our bodies function as integrated systems. Knowledge of these basic concepts is essential for understanding subsequent lessons on drugs and their effect on physical, mental, and social health. This lesson addresses concepts listed on pages 15 and 33 of the California Science Framework Addendum, and it utilizes a variety of thinking and process skills.

LESSON OBJECTIVES

The student will:

be able to name the basic parts and functions of the skeletal, muscular, nervous, circulatory, respiratory, digestive, excretory, and endocrine systems.

give examples of how two or more body systems work together and will explain the function of each.

TIME REQUIRED

Two or more class periods

MATERIALS NEEDED

"My Body Systems" Masters - student information sheets (included) - 1 set for each student

Clock or watch with a second hand

Small package of unsalted soda crackers

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

absorb:	to take in or take up
automatic:	acting by itself

VOCABULARY CONT'D.

carbon dioxide:	a colorless, odorless gas that is present in the air; a waste product formed by the body which is removed by breathing out
cells:	the small unit of living material of which all plants and animals are made
circulate:	go around; the flow from the heart through the arteries and veins and back to the heart
excrete:	to eliminate wastes from the body
lungs:	the organs of respiration in human beings
muscles:	tissues of the body that can be tightened or loosened to cause movement
nerve:	the fiber or bundle of fibers which connect the brain or spinal cord with other parts of the body
nutrients:	the nourishing substances found in food
organ:	a part of the body made of tissues which share a common function
oxygen:	a colorless, odorless gas that is present in the air and is essential for life
respiration:	breathing
system:	a set of parts forming a whole such as the digestive or nervous systems
tissue:	groups of cells that work together to perform the same function

ENRICHMENT OPTIONS

"My Body Systems Review" Master - student worksheet (included)

As a learning log entry, the student could list two body systems and write a brief statement defining those systems.

EVALUATION

Teacher observation of group reading, discussion, and discovery activities.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

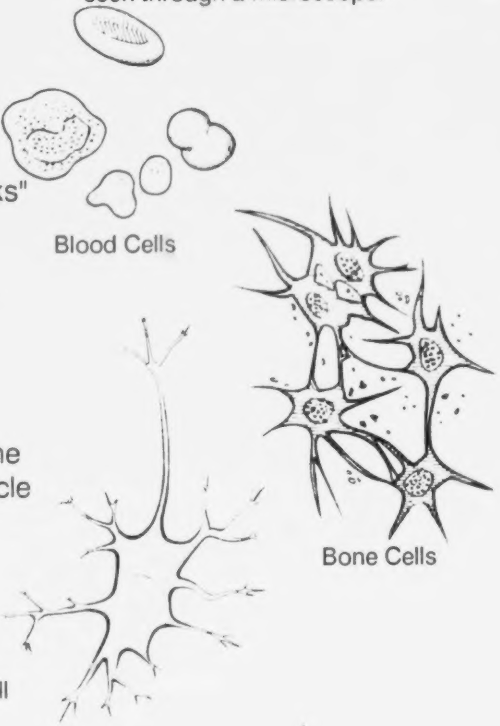
Say: Today we are going to learn many new facts about our bodies and how they work for us. I am going to distribute some material to you. After we read each section, we will think and talk about what we have read in that section.

Distribute a set of information sheets to each student. Read each information section with the class, ask questions, lead the discussion and discovery activities. This material may take more than two class periods to complete.

FROM CELLS TO SYSTEMS

In order to understand our body systems and their functions, we first must learn the basic parts of a system. From Cells to Systems is a very brief explanation of what makes up a body system.

This is how body cells look when seen through a microscope.



Blood Cells

Bone Cells

Nerve Cell

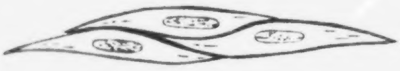
CELLS

Your body is made of thousands of CELLS. Your muscles are made of muscle cells. Your bones are made of bone cells. Even your blood is made of thousands of cells. Cells are called the "building blocks" of the body. Cells are very small.

Each cell has its own job or function in the body. Different kinds of cells have different functions.

TISSUES

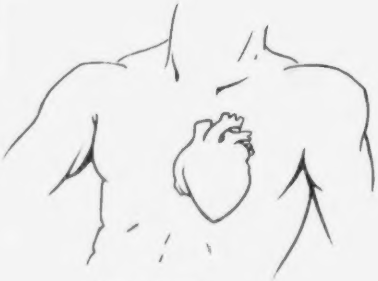
Groups of cells that work together to perform the same function are called TISSUES. Muscle tissues are muscle cells that are grouped together to help you move.



Muscle Tissues
Groups of Muscle Cells Working Together

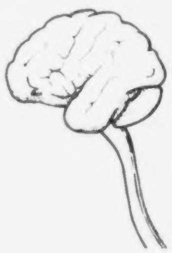
ORGANS

Tissues which work together are called ORGANS. Your heart is an organ. It is made of muscle tissue, nerve tissues and other tissues. All the tissues of the heart work together to pump blood to all parts of the body. Pumping blood is the heart's job or function.



Your heart
is an organ.

Your eye
is an organ.



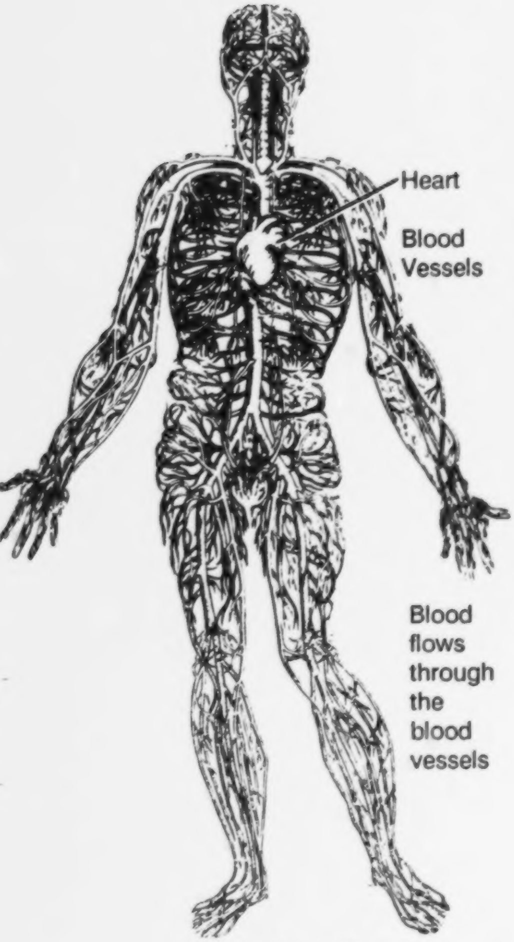
Your brain is
an organ. It
belongs to the
nervous system.

FROM CELLS TO SYSTEMS CONT'D.

SYSTEMS

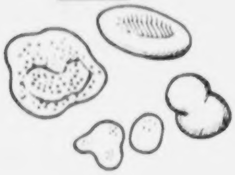
Organs working together form SYSTEMS. The heart pumps the blood. The blood vessels carry the blood to all the cells of the body and back to the heart again. The blood carries nutrients and oxygen which are essential for life to each cell and carries wastes away from each cell. The heart, the vessels and the blood form the CIRCULATORY SYSTEM. The function of the circulatory system is to circulate the blood.

All of your body SYSTEMS work together. Each one depends on the others to work properly. In this way, your body functions smoothly as a unit.



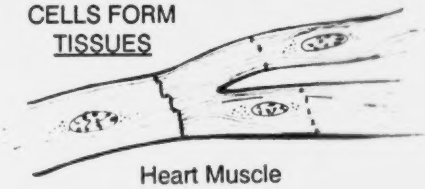
The Circulatory System

CELLS



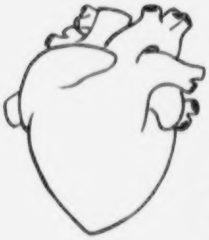
Blood Cells

CELLS FORM TISSUES



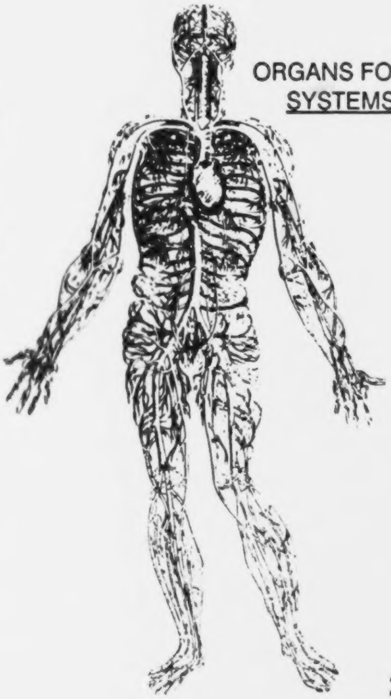
Heart Muscle Tissue

TISSUES FORM ORGANS

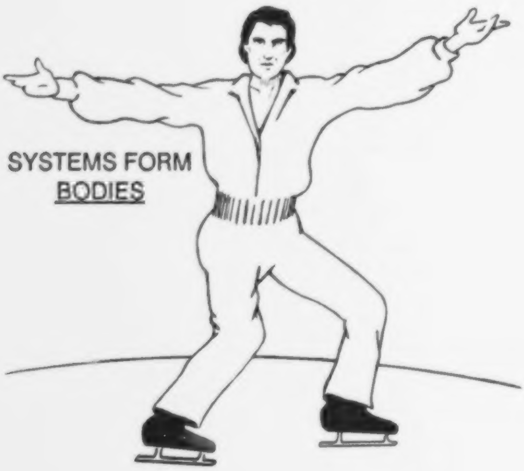


Heart

ORGANS FORM SYSTEMS



SYSTEMS FORM BODIES



THE SKELETAL SYSTEM

Now that we know how a system works, let's look at our body systems. The labeled drawings which illustrate each system are to help you understand your body systems. You do not need to remember all the names of your bones and muscles. You do need to remember the basic parts of each of your systems and the function of each of your systems so that you will understand how your body systems work together to keep you healthy.

Your body has more than two hundred bones. All your bones together make up your skeleton or skeletal system. Your skeleton gives your body support. Your bones are the framework to hold your body weight.

TRY THIS:

Put your hand on the middle of your back. Feel your backbone.Lower your hand until you feel your hip bone.These bones give your body support.

What other bones can you name that give your body support?

Some bones protect other organs. For example, the skull protects the brain. The ribs protect the heart and lungs.

TRY THIS:

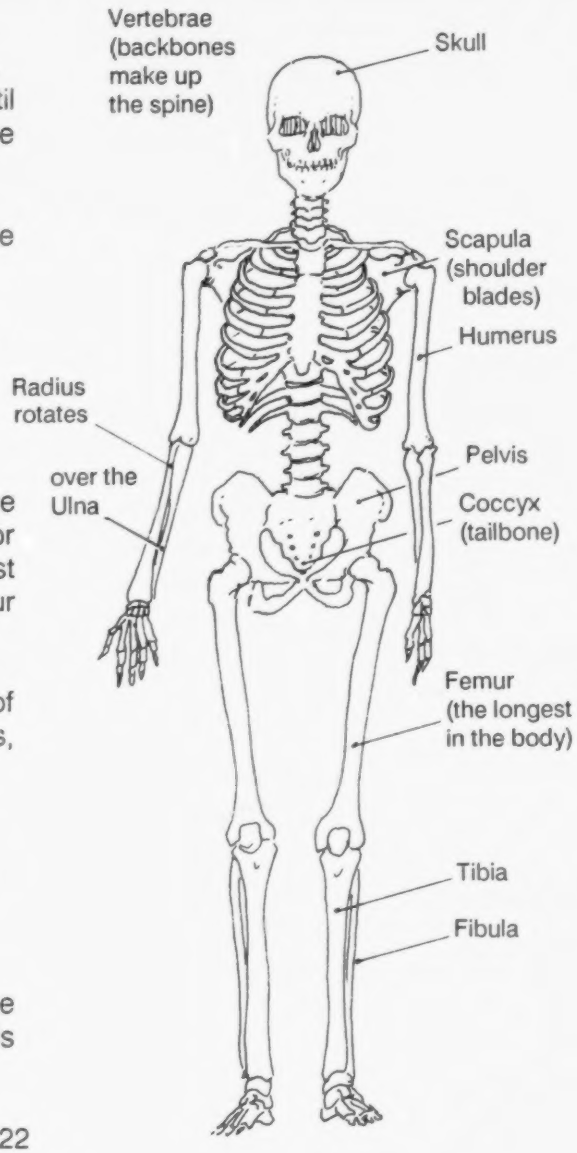
Put your hand on your head. Feel the large flat bones of your skull.Feel your chest for your ribs. They curve around your chest from your backbone to the middle of your chest. Take a deep breath.

You just demonstrated another function of your bones. If you can't guess what it is, read the next paragraph.

Another function of bones is movement. Joints between your bones hold them together and let you move.

TRY THIS:

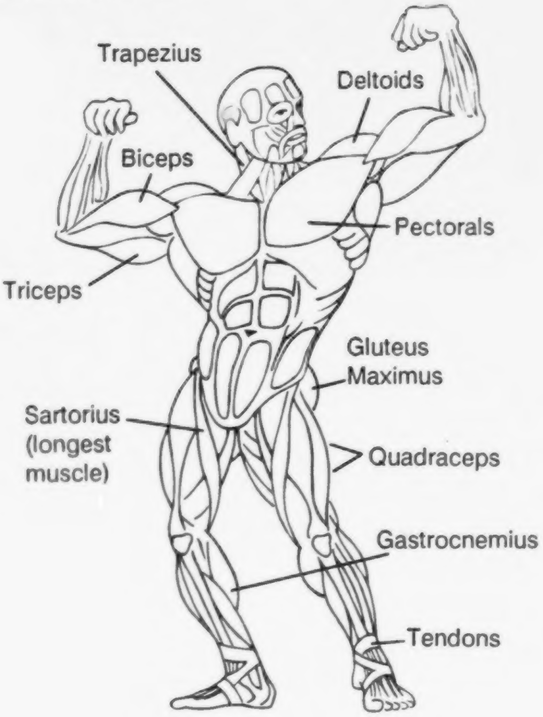
Feel your leg. Find the flat knee bone. Move your lower leg forward and back. What is under the knee bone that lets you move?

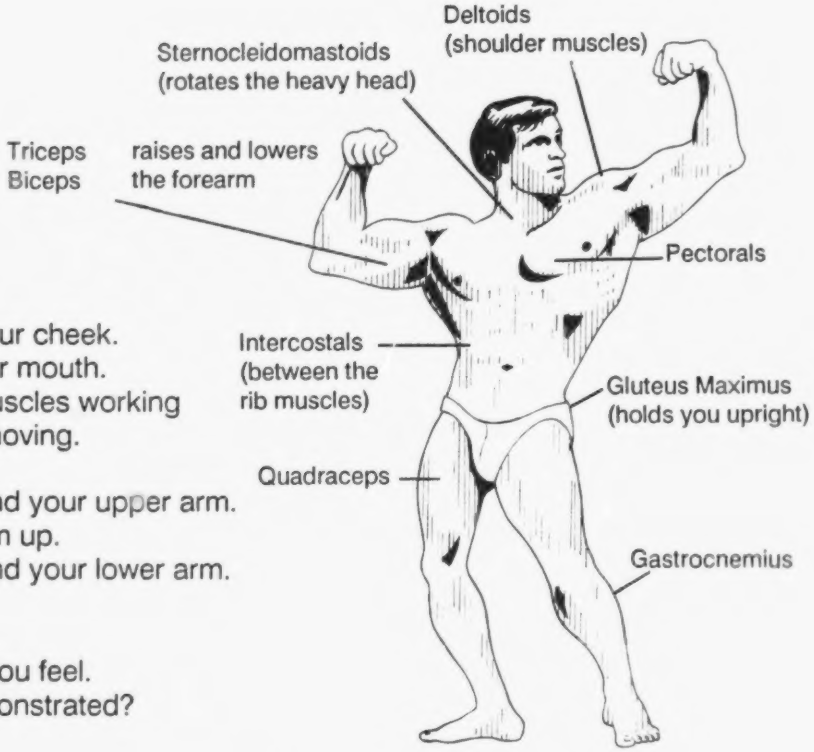

Vertebrae (backbones make up the spine)
Skull
Scapula (shoulder blades)
Humerus
Radius rotates over the Ulna
Pelvis
Coccyx (tailbone)
Femur (the longest in the body)
Tibia
Fibula

THE MUSCULAR SYSTEM

All the muscles of the body form the muscular system. Muscles give your body shape, protect other organs, and help you move. All body movement is caused by muscles.

Muscles are attached to bones. Muscles in pairs or groups work with bones to let you move, walk, run, climb, and perform all other body movements.


Trapezius
Deltoids
Biceps
Pectorals
Triceps
Gluteus Maximus
Sartorius (longest muscle)
Quadraceps
Gastrocnemius
Tendons


Deltoids (shoulder muscles)
Sternocleidomastoids (rotates the heavy head)
Triceps
Biceps
raises and lowers the forearm
Pectorals
Intercostals (between the rib muscles)
Gluteus Maximus (holds you upright)
Quadraceps
Gastrocnemius

TRY THIS:

Wrinkle your nose.
Smile.
Frown.
Put your palm on your cheek.
Open and close your mouth.
You will feel your muscles working
and your jawbone moving.

Put your hand around your upper arm.
Move your lower arm up.
Put your hand around your lower arm.
Rotate your wrist.

Tell the class what you feel.
What have you demonstrated?

THE NERVOUS SYSTEM

The nervous system is the leader of all the body systems. It has three parts: the brain, the spinal cord, and the nerves.

Nerves are found in all parts of the body. They carry messages between the brain and all parts of the body. SENSORY nerves carry messages from the body and sense organs to the brain. The brain interprets these messages and sends directions back to the body on MOTOR nerves.

The spinal cord is a thick cord of nerves which runs down the center of your back. It is protected by the backbone. The spinal cord connects the nerves and the brain.

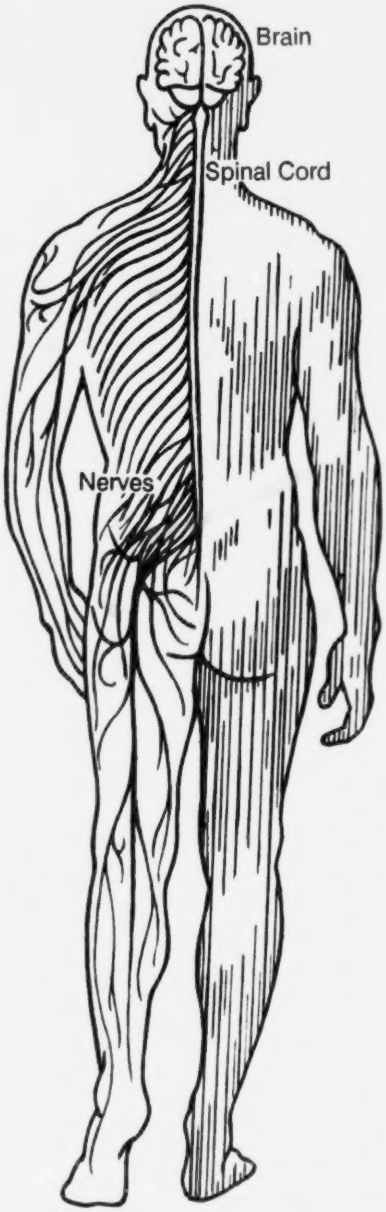
The brain is the most important part of the nervous system. It controls the activities of all your body's organ systems.

The brain receives messages from your senses about what you see, hear, taste, smell, touch, or feel. The brain sends directions back to your muscles to tell them what action is needed or how to move.

TRY THIS:

Think back to a time when you touched something hot. What was the direction your brain sent to your muscles? How long did it take for the message to travel from your finger to the brain and back to the muscles of your hand and arm?

Think back to a time when you heard a sound or smelled something that signalled danger. What was that sound/smell? How long did it take that sound/smell to travel from your ear/nose to the brain?



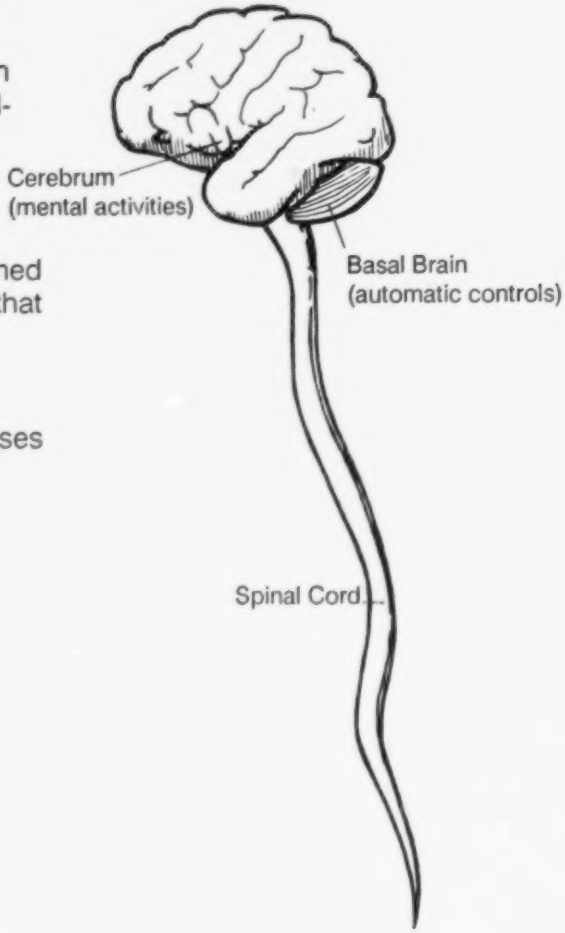
THE NERVOUS SYSTEM CONT'D.

The brain is the center for mental activities such as learning, remembering, talking, writing, reading, thinking, and feeling.

TRY THIS:

What is 4 times 5?
How many of the mental activities named above did you use when you answered that question?

Say the word: HELLO
Name all the mental activities and senses you used to say that word.



The brain controls some activities automatically without your ever having to think about them. Your heartbeat, breathing, and digestion are examples of these automatic actions.

TRY THIS:

Multiply 42,048,000 by your age in years.

Your answer is an estimate of the number of times your brain has directed your heart to beat from birth until your most recent birthday.

Write your answer here ______________________________.

THE DIGESTIVE SYSTEM

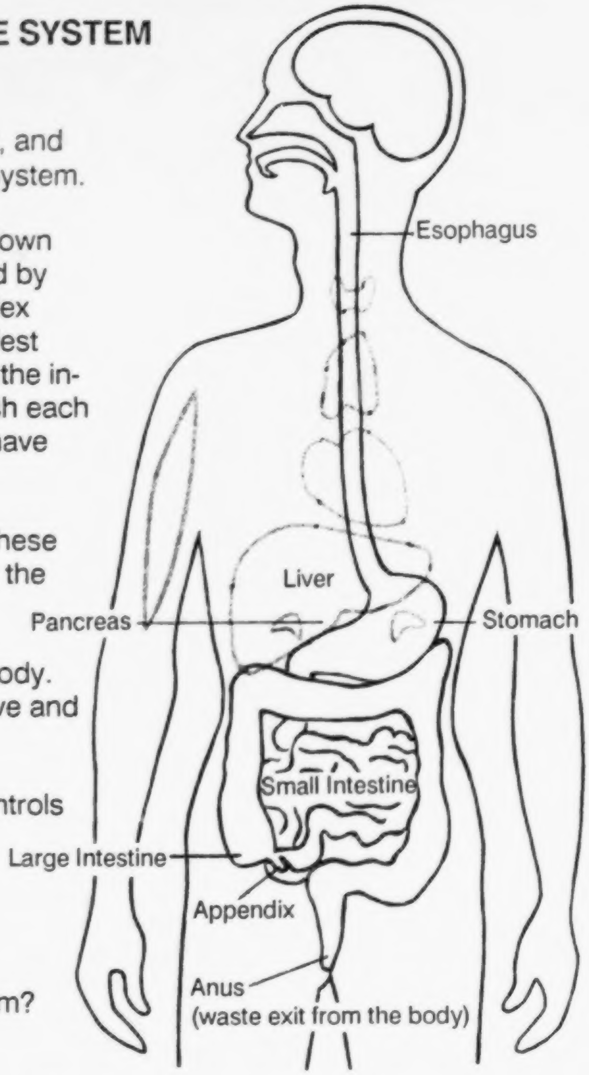
The mouth, esophagus, stomach, pancreas, liver, and the small and large intestines form the digestive system.

The function of the digestive system is to break down the food you eat into a form that can be absorbed by the body. Each organ performs many very complex digestive functions that change food into its smallest parts or nutrients. The nutrients are absorbed by the intestine into your blood stream and used to nourish each of your body cells. Every cell in your body must have nutrients for energy, growth, and repair.

Some foods cannot be digested and absorbed; these foods are wastes. Wastes are eliminated through the large intestine.

The liver is the largest and busiest organ of the body. The liver performs an amazing number of digestive and other special functions for us.

Digestion is one of the activities that the brain controls automatically.



TRY THIS:

Slowly eat half a cracker.
Are your teeth part of your digestive system?
What is their function?
Now eat the other half of your cracker.
What do you notice about the amount of fluid (saliva) in your mouth as you eat?
How do teeth and saliva help you swallow?
Can you control your flow of saliva or your need to swallow?
Can you guess how they are controlled?

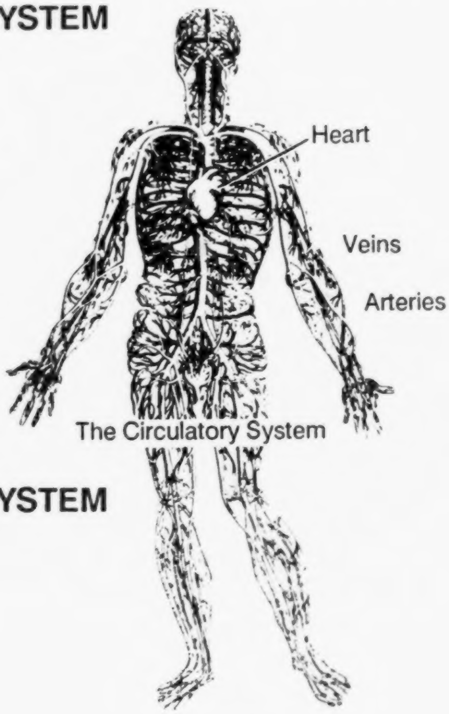
Did you notice any change in the taste of the cracker after it was in your mouth awhile?

There is a digestive enzyme, or chemical, in your saliva which changes starch to sugar. If you held the cracker in your mouth long enough, what might you have tasted?

THE CIRCULATORY SYSTEM

The heart, blood vessels, and blood make up the circulatory system. The function of this system is circulation of the blood to all cells of the body to deliver oxygen and nutrients.

The blood vessels that carry oxygen and nutrients to your cells are called arteries. Those that carry wastes and carbon dioxide from your cells are called veins. Very small vessels called capillaries provide circulation to each of your cells.

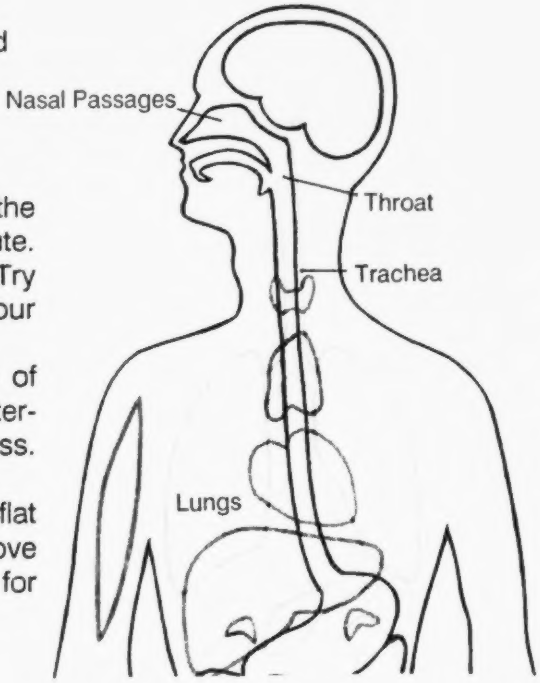


The Circulatory System

THE RESPIRATORY SYSTEM

The respiratory system is made up of the nasal passages, the throat, trachea (or wind pipe), and the lungs. The function of the system is respiration, or taking in oxygen and releasing carbon dioxide.

Oxygen is a gas that is part of the air and is needed for all body cells to live. Carbon dioxide is a waste product that must be eliminated from the body.



TRY THIS:

Using a watch with a second hand, count the number of respirations you take in one minute. One respiration is one full breath in and out. Try not to change your usual rate. Write your respiratory rate here.___________

Compare your respiratory rate with those of other students. With your teacher's help, determine the average respiratory rate for your class.

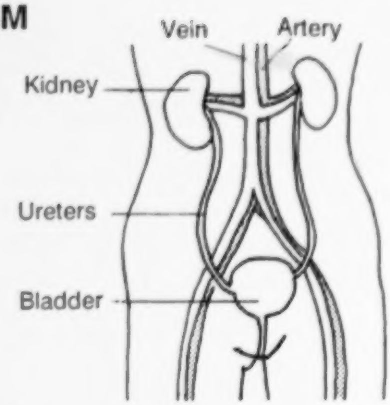
Now, placing three fingers of your right hand flat over the thumb side of your forearm just above your wrist, feel your pulse. Count your pulse for one minute.

Write your heart rate here. ___________

Explain what the pulse is. What kind of blood vessel did we use?

THE EXCRETORY SYSTEM

The kidneys are the major organs of the excretory system. The kidneys remove body wastes from the blood. These wastes are drained from the kidney in the form of urine. Urine is held in the bladder until your brain tells you that you need to empty your bladder.



THE ENDOCRINE SYSTEM

The endocrine system is made up of several glands. A gland is an organ that regulates body functions.

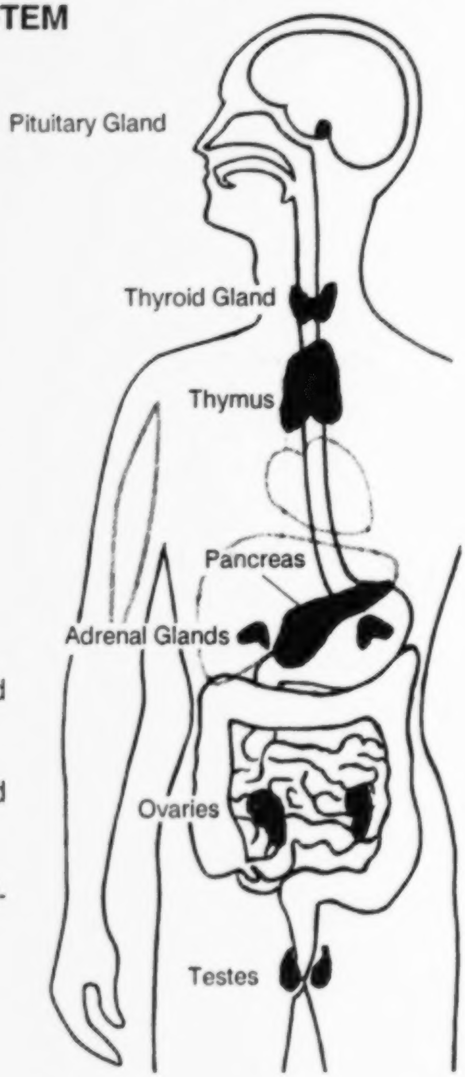
The pituitary gland is located in the brain; it regulates growth and many other special body functions.

The thyroid and adrenal glands are also part of the endocrine system.

All the endocrine glands and some other glands produce hormones. Hormones are special chemicals that help control and regulate many of the body's complex functions.

Some of these complex functions are:

- control and regulation of growth.
- coordination of the respiratory, circulatory, and digestive functions.
- maturation, or the process of changing from a child to an adult.
- reproduction, or the process of producing offspring.



YOUR BODY SYSTEMS WORK TOGETHER: A SUMMARY

The system that controls and coordinates all the functions of all the systems is the NERVOUS SYSTEM.

Three systems work together to nourish your body.

Your RESPIRATORY SYSTEM provides the exchange of oxygen and carbon dioxide.

Your DIGESTIVE SYSTEM breaks down food so that nutrients to provide energy, growth, and repair for all cells can be absorbed.

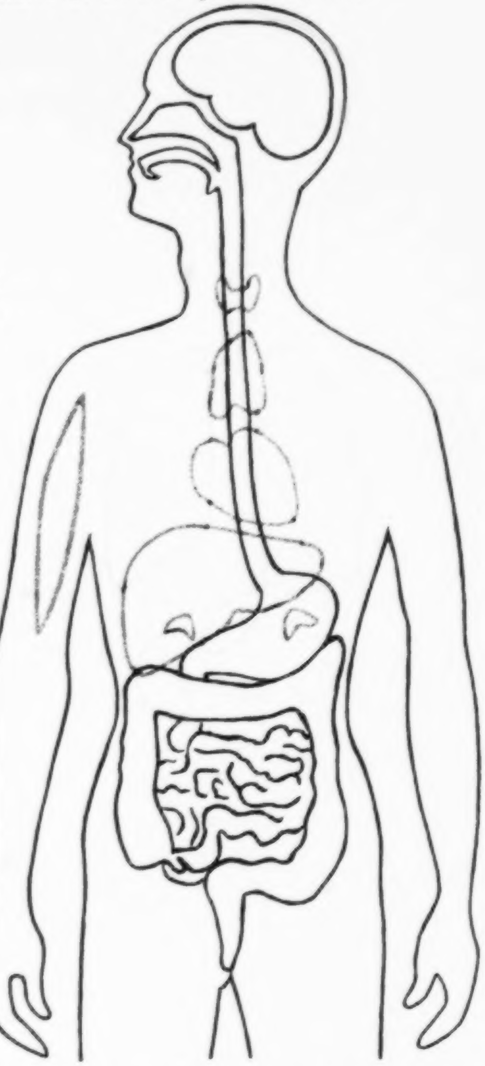
Your CIRCULATORY SYSTEM delivers oxygen and nutrients to all cells.

Sitting, running, dancing, drawing, speaking, reading,--all these activities are possible because your skeletal, muscular, and nervous systems work together.

Your SKELETAL SYSTEM provides support.

Your MUSCULAR SYSTEM allows movement.

Your NERVOUS SYSTEM controls and coordinates your voluntary activities,including your mental activities.



All your body systems work together to perform all your body functions and to keep your whole body healthy.

This lesson has been an introduction to your wonderful body and the amazing and complex ways that your body systems work for you.

Now that you know more about how wonderful and complex you are, you can better understand why good health habits are important to your physical, mental, and social health.

Name________________________________

Date________________________________

Instructions:
Fill in the blanks.

MY BODY SYSTEMS

REVIEW

SYSTEM	MAJOR ORGANS	MAJOR FUNCTIONS
Skeletal		support body and protect organs
Muscular	muscles of the body	
	brain, spinal cord, nerves	controls all body functions
Digestive		break foods down so that they may be absorbed by the blood
	nasal passages, trachea, bronchi, lungs	exchange of gases (oxygen and carbon dioxide)
	heart, blood vessels (arteries, veins, capillaries), blood	carry nutrients and oxygen to cells, return waste products and carbon dioxide for excretion
Excretory	kidneys, ureters, bladder	
	pituitary, thyroid, adrenals, pancreas	make hormones for coordination of other systems, growth, maturation, and reproduction

MY BODY SYSTEMS

REVIEW

SYSTEM	MAJOR ORGANS	MAJOR FUNCTIONS
Skeletal	bones of the body	support body and protect organs
Muscular	muscles of the body	movement and support
Nervous	brain, spinal cord, nerves	controls all body functions
Digestive	esophagus, stomach, liver, pancreas, small intestine, large intestine, etc.	break foods down so that they may be absorbed by the blood
Respiratory	nasal passages, trachea, bronchi, lungs	exchange of gases (oxygen and carbon dioxide)
Circulatory	heart, blood vessels (arteries, veins, capillaries), blood	carry nutrients and oxygen to cells, return waste products and carbon dioxide for excretion
Excretory	kidneys, ureters, bladder	gets rid of liquid wastes
Endocrine	pituitary, thyroid, adrenals, pancreas	make hormones for coordination of other systems, growth, maturation, and reproduction

LESSON 4:
THE PHYSICAL ME

LESSON OVERVIEW

This lesson will focus on physical fitness. It will help students understand what happens to their bodies during activity and/or exercise. In this lesson, students will engage in daily developmental exercises that will enhance student performance on the Physical and Health-Related Fitness Test for California. This test must be administered yearly in grades 5, 7, and 10.

LESSON OBJECTIVES

The student will:

learn about the health benefits of a daily exercise program.

participate in valid procedures for the measurement of personal health-related fitness components.

develop knowledge of an appropriate life-long fitness program.

TIME REQUIRED

Two or three class periods

MATERIALS NEEDED

Stopwatch

Sit up mat (or acceptable substitute)

"Daily Developmental Exercise Log" Master - worksheet (included)

"Specific Directions for Daily Developmental Exercises" - teacher information sheets (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

achilles tendon: heel cords

VOCABULARY CONT'D

agility:	ability to move quickly and easily
cool-down:	brief, mild exercise following vigorous exercise to ensure a gradual return to at-rest body function
endurance:	ability to last or continue
flexibility:	ability to bend and stretch easily; to move the joints and muscles in a full range of motion
speed:	the act of moving rapidly or quickly
strength:	the quality of being strong; amount of force a muscle can exert in one contraction
warm-up:	brief, mild exercise to prepare the body to engage in vigorous physical activity

ENRICHMENT OPTIONS

The student could develop a daily personal exercise program that includes warm-up and cool-down activities.

As a learning log entry, the student could write a paragraph on the importance of physical fitness.

EVALUATION

Teacher observation of student participation.

Teacher evaluation of students' report sheets.

DIRECT INSTRUCTION: HOW TO PROCEED

The following is a suggested script for this lesson. It may be modified to meet your needs.

Say: Today we are going to begin to work on developmental exercises which will improve our physical fitness. These stretching exercises should be performed daily. The running, push-ups, and sit-ups should be performed three to five times a week. These exercises have been developed by a committee of physical educators to help students prepare for the Physical and Health-Related Fitness Test for California.

Say: Exercise programs belong in schools for many important reasons:

1. Exercise promotes our health and well-being.

2. Research shows that people who participate in regular exercise programs are more mentally alert.

3. People who participate in regular, planned exercise programs show greater interest in learning than those who do not participate.

Say: I am going to distribute a "Daily Developmental Exercise Log" to each of you. After we have finished each of the exercises, I will ask each of you to log or record your experiences.

(Note to teacher:

Follow the specific directions for the 12 daily developmental exercises.

The day before these activities are scheduled, the teacher should advise students to wear appropriate clothing and shoes. (See diagrams.)

The stretching exercises should be performed with three to five repetitions. Each repetition should be held for 15 to 20 seconds. Direct students to perform all stretching slowly and smoothly. Explain to students that they are never to stretch a muscle to the point that they experience pain, only slight discomfort.

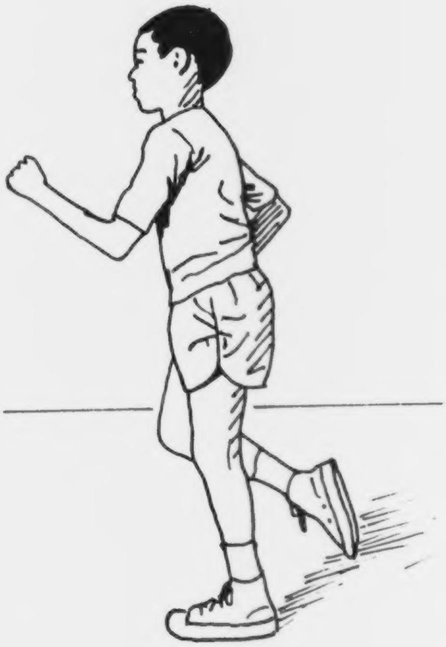
The sit-up and push-up exercises have a sequence of progressive forms--from low effort to a very high effort.

When running activities are emphasized, whether through specific training or games, it is recommended that leg-stretching exercises, sit-ups, and push-ups be repeated during the cool-down phase. Posterior muscles tend to tighten up after running, so it is important to "post-stretch," especially the posterior leg muscles and the muscles of the lower back. Sit-ups and push-ups should be repeated because these anterior areas of the body are not involved enough in the running activity to produce a significant developmental effect.

Encourage students not to exert a great amount of effort, especially on their first attempt at an exercise. Great effort should be encouraged during testing, however. A key to developing a daily exercise program is to make it comfortable. Students should be encouraged to increase time, distance, or number gradually.)

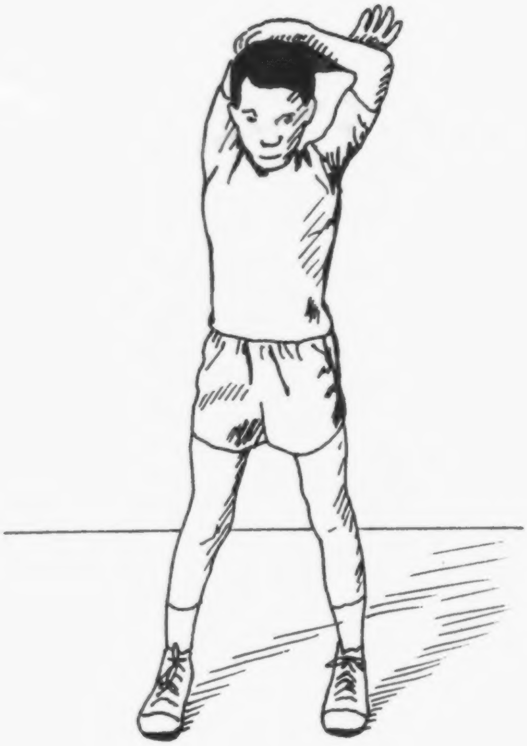
SPECIFIC DIRECTIONS FOR DAILY DEVELOPMENTAL EXERCISES

Exercise 1:	Jog/Walk
Objective:	Cardiovascular development and warm up.
Practice:	Walk or jog for at least 3 minutes. Try to increase time gradually to 10 minutes. If students can jog 10 minutes, encourage them to maintain that time but gradually increase the distance they jog. Remind all students to start slowly and gradually increase pace to a comfortable level.



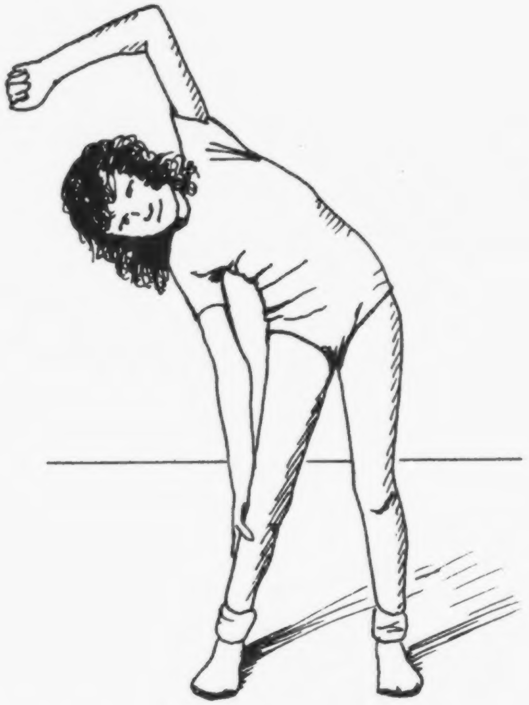
JOG/WALK

Exercise 2:	Shoulder Stretch
Objective:	To increase flexibility of the muscles of the back of the upper arm and shoulder.
Practice:	Begin by standing with your feet about shoulder width apart with both hands placed on the back of your head. Place the palm of the left hand on the right elbow and slowly pull the right elbow behind the head. Hold this position for 15 seconds. Repeat this procedure, using the palm of the right hand on the left elbow.



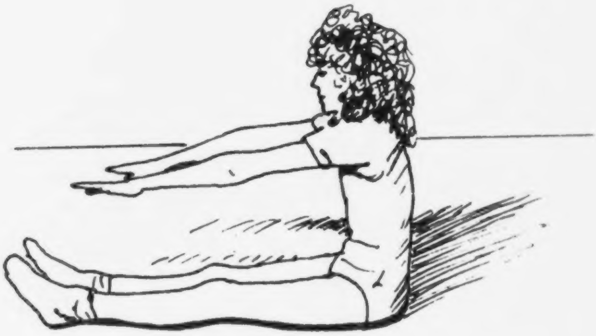
SHOULDER STRETCH

Exercise 3:	Side Stretch
Objective:	To increase flexibility of the side muscles of the trunk of the body.
Practice:	Begin with feet about shoulder width apart, knees slightly bent. Extend left arm overhead and reach right arm down the right side with right palm touching the outside of the right thigh. Slide the right palm down the outside of the leg, bending at the waist. The left arm is extended over the head following the direction of the right hand. When the hand has gone down the leg as far as possible, without experiencing pain, hold this position for 15-20 seconds. Repeat this on the opposite side of the body.



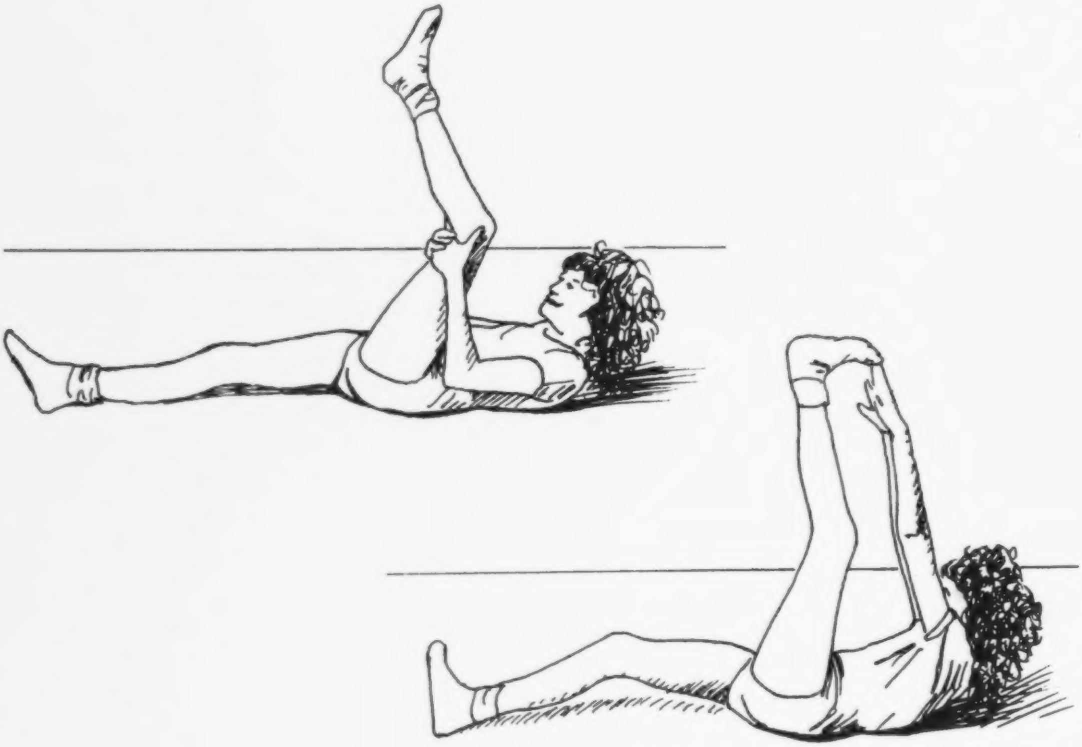
SIDE STRETCH

Exercise 4:	Forward Stretch
Objective:	To increase flexibility of the rear leg and lower back muscles.
Practice:	Begin by sitting on the floor with back straight and with feet about 6 inches apart.Do not lock your knees. Bend forward at the hips slowly, reaching forward with the back straight. Relax, exhale and try to reach a little further. Hold this position for 15 seconds.



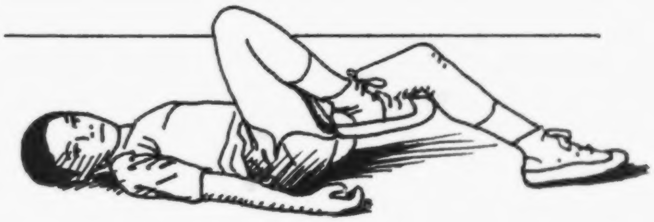
FORWARD STRETCH

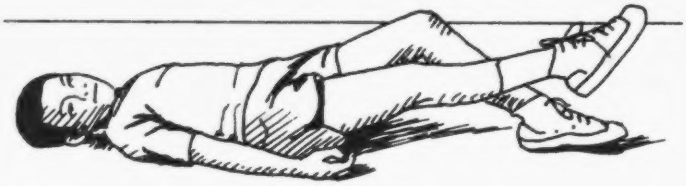
Exercise 5:	Hamstring (upper rear leg) Stretch/Lower Back Stretch
Objective:	To stretch the lower back and hamstring.
Practice:	Begin by lying on the back with knees bent and with feet flat on the floor. While tightening lower stomach muscles, hold one leg just below the knee and bend the knee. Keeping the head and shoulders on the floor, bring the knee up toward the shoulder as far as possible. The intensity of this stretch can be increased by holding the toes and by pushing the heel toward the ceiling. Release the knee or toes and slowly return the leg to the starting position. Repeat this stretch with the other leg.



HAMSTRING STRETCH **LOWER BACK STRETCH**

Exercise 6:	Leg Extensions
Objective:	To increase flexibility and strength of hip muscles.
Practice:	Begin by lying on your back with knees bent and with feet on the floor. While tightening lower stomach muscles, bring the right knee back to the chest. Straighten the leg, so toes point to the ceiling, and then lower the leg slowly to the floor until tightness is felt in the lower back. Don't let the lower back come off the floor. Bring the knee back to the chest and return slowly to starting position. Repeat with other leg.

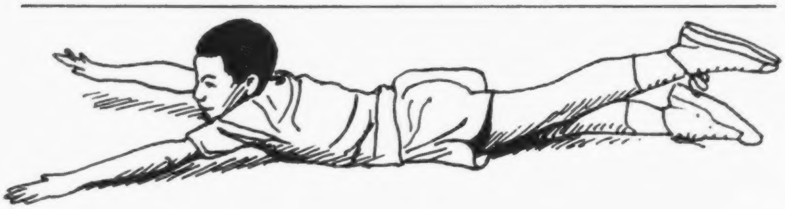




LEG EXTENSION
(Leg drawn to chest)

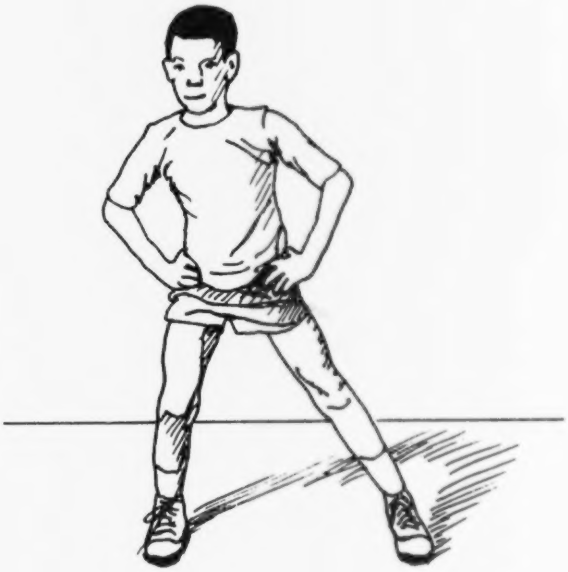
LEG EXTENSION
(Leg lowered to floor)

Exercise 7:	Arm/Leg Lifts
Objective:	To strengthen back and hip muscles.
Practice:	Begin by lying face down with arms reaching above the head, palms on the floor. Legs are also extended. At the same time, raise the right arm and left leg and keep them up, extended, for a few seconds, then slowly return to the starting position. Alternate. Be sure not to bounce or jerk. Movement should be fluid and slow.



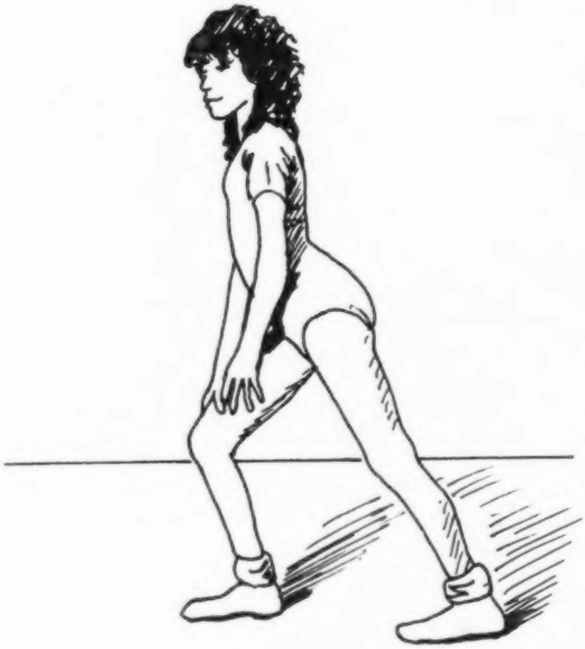
ARM AND LEG LIFTS

Exercise 8:	Lateral Stride Stretch
Objective:	To stretch the inner thigh muscles.
Practice:	Begin with feet spread wide apart, toes pointing straight ahead. Shift weight sideways so most of your weight is over one leg. Hold this position for 15 to 20 seconds. There should be mild discomfort in the muscles of the inner thighs as they are stretched. Shift weight to opposite leg and stretch the other inner thigh muscles for similar time period.



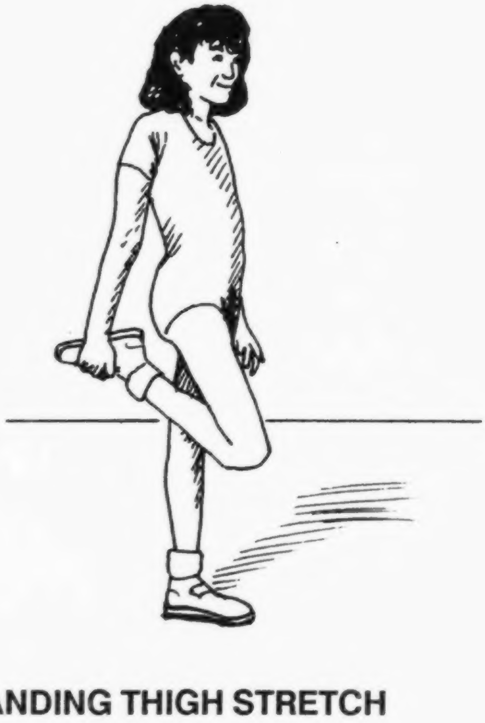
LATERAL STRIDE STRETCH

Exercise 9:	Heel/Calf Stretch
Objective:	To stretch calf muscles and heel muscles.
Practice:	Begin in a standing position, feet pointed forward. Move one leg forward so it is bent under the chest, knee directly over the ankle. Stretch the other leg straight behind. Hands may be resting on the bent knee, on the ground, or against a fixed upright object. Try to keep the back straight and lean forward, keeping both heels on the floor. Hold this position for 15-20 seconds. Then, bend the knee of the straight leg as far as possible by thrusting the hips forward. Try to keep heels on the floor. Repeat with other leg.



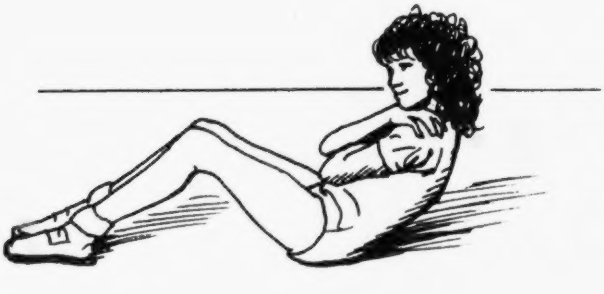
HEEL/CALF STRETCH

Exercise 10:	Standing Thigh Stretch
Objective:	To stretch the muscles of the front of the thigh.
Practice:	Standing with feet together, bend the right knee, lifting the right foot directly behind the body. Grasp the toes of the right foot with the right hand and pull up until there is a stretching of the upper front thigh muscles of the right leg. When the stretching produces slight discomfort, hold this position for as least five seconds. Always stand erect, balancing on one foot. Repeat with the other leg.



STANDING THIGH STRETCH

Exercise 11:	Modified Sit-up
Objective:	To develop strength and endurance in stomach and hip muscles.
Practice:	Begin by lying on your back with knees bent and with feet flat on the floor. Cross arms over the chest by placing right hand on left shoulder and left hand on right shoulder. Feet may be anchored by partner; eventually this exercise should be done without anchoring the feet. While keeping arms touching the chest, lift head and shoulders to an upright position. Hold this position momentarily and slowly return to starting position. Breathe evenly; do not hold your breath during this exercise.

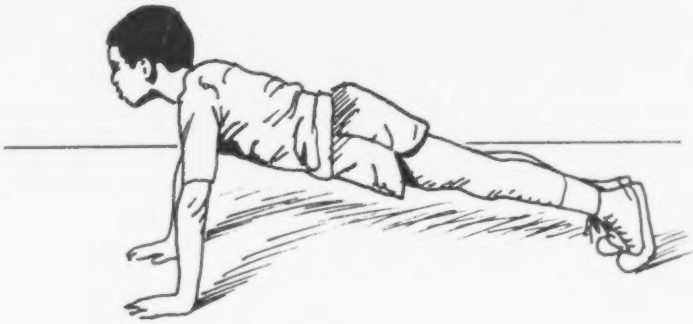


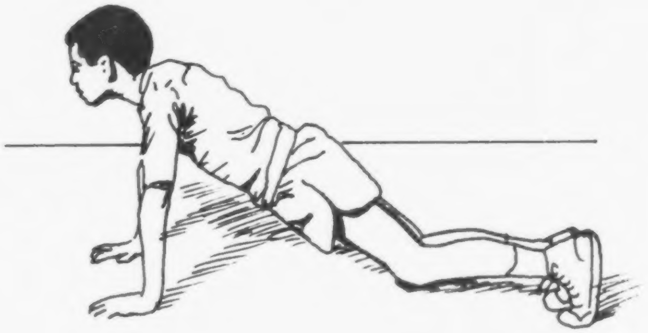
MODIFIED SIT-UP

Exercise 12: Push-ups/Modified Push-ups

Objective: To strengthen chest, shoulder, and arm muscles.

Practice: Begin by lying on stomach with palms on the floor, hands positioned beneath the shoulders. Feet should be as close together as possible with the bottoms of toes on the floor. Keeping the back straight from shoulders to heels, push the entire body, excluding feet and hands, off the floor until the arms are straight; lower the body until the shoulders are at or below the level of the elbows. If push-ups are difficult, do a modified push-up, allowing the knees and feet to remain on the floor.





PUSH-UP

MODIFIED PUSH-UP

STUDENT'S NAME______________________________

DAILY DEVELOPMENTAL EXERCISES LOG

Exercises	Objective	My feeling after this exercise.	Which muscles did I use?	Did my muscles get tight/stretch?	Did my heart beat faster?
1. Jog/Walk	Warm up/ Cardiovascular development				
2. Shoulder Stretch	Increase flexibility of back of upper arm/ shoulder				
3. Side Stretch	Increase flexibility of side muscles of trunk				
4. Forward Stretch	Increase flexibility of rear leg/ lower back muscles				
5. Hamstring/ Lower Back Stretch	Stretch lower back/ hamstring muscles				
6. Leg Extensions	Increase flexibility and strength of hip muscles				

STUDENT'S NAME ______________________

DAILY DEVELOPMENTAL EXERCISES LOG

Exercises	Objective	My feeling after this exercise.	Which muscles did I use?	Did my muscles get tight/stretch?	Did my heart beat faster?
7. Arm/Leg Lifts	Strengthen muscles of back/hip				
8. Lateral Side Stretch	Stretch inner thigh muscles				
9. Heel/Calf Stretch	Stretch calf/heel muscles				
10. Standing Thigh Stretch	Stretch thighs				
11. Modified Sit-ups	Strengthen stomach/ hip muscles				
12. Push-ups/ Modified Push-ups	Strengthen chest/ shoulder/ arm muscles				

LESSON 5:
KNOWING MYSELF

LESSON OVERVIEW

This lesson provides an opportunity for each student to focus on his/her personal qualities, achievements, and goals. Each student will develop his/her own totem pole and will have an opportunity to think about and/or discuss the activity.

LESSON OBJECTIVES

The student will:

develop an awareness of his/her unique personality.

have a sense of pride in him/herself as an individual.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Have Pride and Confidence in Yourself" Master - worksheet (included)

"Totem Pole" Master - worksheet (included)

Pencils and paper

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

totem:	something that serves as an emblem or symbol
totem pole:	a pole or pillar with carved or painted symbols
trait:	a feature that tells something about a person; a special quality, such as a sense of humor

VOCABULARY CONT'D

unique:	having no equal, being only one of its kind

ENRICHMENT OPTIONS

As a learning log entry, the student could write a paragraph stating what he/she learned about him/herself during this activity.

EVALUATION

This lesson should be an ungraded activity.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In the past few lessons, we have learned many new facts about health, our physical bodies, and physical fitness. Today we are going to focus on why you are a very special person.

Each of you is different physically. No one else has the same set of physical traits that you do. You have different eye and hair color. You are different sizes. No one else looks exactly like you. Even identical twins are different because there are differences in the way each twin acts. One may be talkative, the other quiet. One twin may like certain things more than the other.

Today I'm going to ask each of you to think about yourself and why you are unique or special. Each of you has special reasons to be proud. Some of you can be proud of how well you do in math or in music. Others of you can be proud of your accomplishments in sports. Still others of you can be proud of the leadership you provide in school, at church or synagogue, in scouting, or for your younger brothers and sisters.

Later, each of you will design your own totem pole. Each totem pole will be different and will feature some of your special achievements.

Step 1: Introduce warm-up activity. Distribute "Have Pride and Confidence in Yourself." Make sure students understand that the worksheet will not be graded or shared with the class. Have students complete the worksheet. Allow the students to keep their worksheets. The worksheets should help stimulate thoughts for Step 2, the Totem Pole activity.

Step 2: Introduce Totem Poles and give directions. (Use transparency.)

Teacher directs students to develop their totem pole with words only, symbols only, or any combination that is pleasing to the student. (Be as creative as you want.)

Step 3: Follow-up Activity: The following questions can be used as discussion items or as topics for the students to "think about" individually.

What did you learn about yourself?

How did you feel during this activity?

What thoughts did you have as you worked on your totem pole?

What areas of your totem pole did you share with your friends while you were drawing it? Why?

Did your totem look like this five years ago? Will it look like this in five years?

How does pride and confidence affect your health? (physical, mental, and social)

HAVE PRIDE AND CONFIDENCE IN YOURSELF

WORKSHEET

THIS IS ME

My full name is: ______________________________

My hair color is: ______________________________

My eye color is: ______________________________

My favorite subject is: ______________________________

My favorite sport is: ______________________________

I'm especially good at:

1. ______________________________
2. ______________________________
3. ______________________________

My greatest achievement is: ______________________________

Someday I'd like to: ______________________________

My hobbies are: ______________________________

The most unique thing about me is: ______________________________

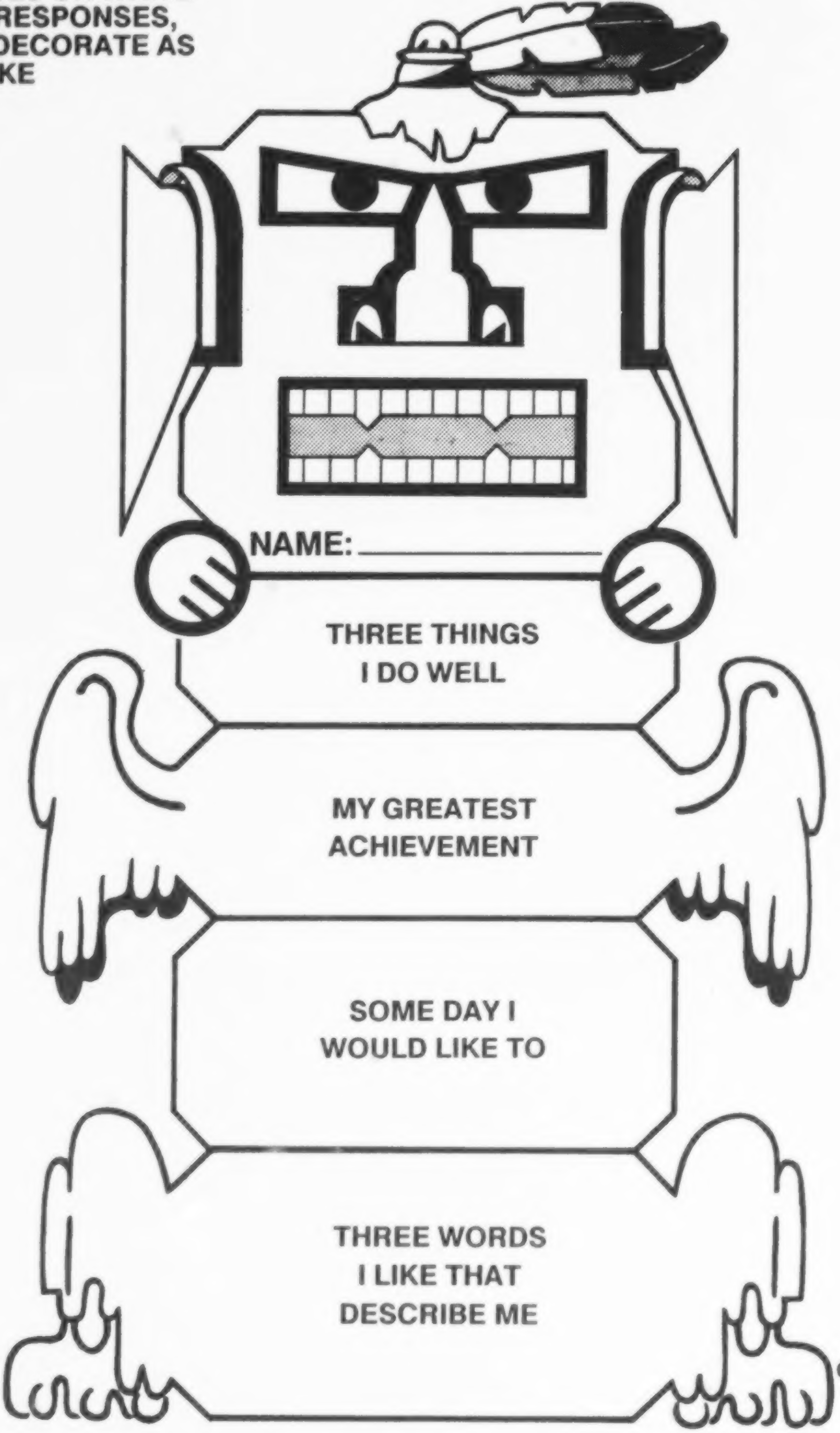
The thing that makes me happiest is: ______________________________

Some words I like that describe me are:

1. ______________________________
2. ______________________________
3. ______________________________

INSTRUCTIONS:

DRAW PICTURES, SYMBOLS OR WRITE YOUR RESPONSES, THEN DECORATE AS YOU LIKE



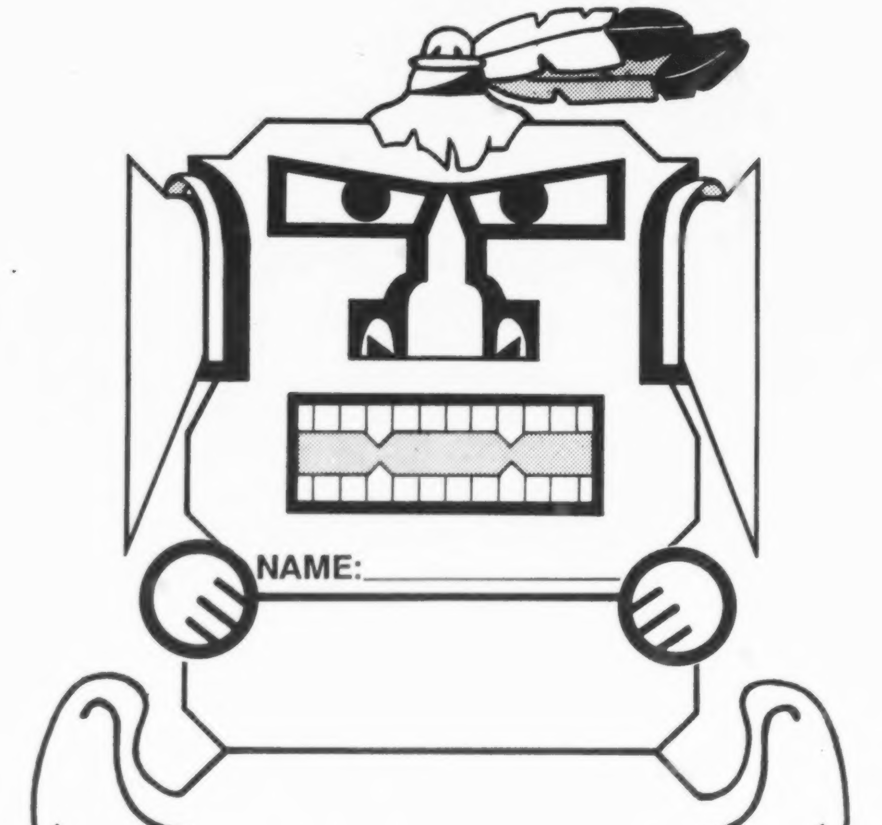
NAME: ____________

THREE THINGS I DO WELL

MY GREATEST ACHIEVEMENT

SOME DAY I WOULD LIKE TO

THREE WORDS I LIKE THAT DESCRIBE ME



NAME:____________

LESSON 6:
WHAT ARE DRUGS AND WHY DO WE USE THEM?

LESSON OVERVIEW

Drugs/medicines can be very helpful to people, but they need to be taken with care. This lesson will provide students with information on why drugs are used and the differences between prescription and over-the-counter (OTC) drugs.

LESSON OBJECTIVES

The student will:

be able to explain three purposes for which prescription and over-the-counter drugs are taken.

be aware of why drugs/medicines that can help us are used.

be able to distinguish between a prescription drug and an over-the-counter drug.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson

allergy:	a negative body reaction to certain food, pollen, dust, animal furs, and drugs
anesthetic:	a drug that prevents feeling during surgery or treatment
antibiotics:	germ-killing drugs made from molds or micro-organisms

VOCABULARY CONT'D.

drug:	a non-food substance that when swallowed, injected, inhaled, or applied causes changes in the body
medicine:	a drug used to treat illness or pain
over-the-counter drug (OTC):	a drug that may be purchased without a prescription
pharmacist:	a licensed professional who prepares and dispenses medicines
prescription:	a written order from a doctor for preparing and using a medicine
prescription drug:	a medicine that is available only on the order of a doctor
side effect:	an unwanted reaction to a drug
symptom:	sign of disease or body disorder
vaccine:	a medicine that prevents a disease or lessens its effects; a vaccine from weakened or dead bacteria or viruses

ENRICHMENT OPTIONS:

Vocabulary: Review vocabulary used in discussions and introduce words that are on the list but were not used. Write list on board or use the overhead. Students may be asked to copy the words and their definitions.

Students may be given word scramble worksheets as classwork or homework.

As a learning log entry, the students could write a paragraph on why drug/medicines are used and the two kinds of drugs/medicines (prescription and OTC).

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In previous lessons we have discussed good health and some of the habits we can develop to keep us physically, mentally, and socially healthy. Sometimes, despite what we do, we are injured or become ill. To become healthy again, we often take medicines. In today's lesson we will talk about the medicines we take and why we take them.

Say: The terms drug and medicine are used interchangeably throughout this lesson. (Write the two definitions on the board or use the overhead provided.)

Drug:	A non-food substance that, when swallowed, injected, inhaled, or applied causes changes in the body.
Medicine:	A drug used to treat illness or pain.

Read definitions to the students and answer any questions regarding the terms and their definitions.

Ask: How many of you have ever taken medicine?

Say: As we can see, all (or almost all) of us have taken medicine at sometime in our lives.

Say: I want you to think about a time you took some kind of medicine.

Ask: Why did you take it? Answer that question thoughtfully. Don't say that you took it because your parent or the doctor said you should.

Write student responses on the chalkboard.

Say: Scientists and doctors group the reasons for taking prescription and over-the-counter drugs into three major categories.

Write the categories on the chalkboard or use the overhead provided.

Note to teacher: The categories are:

1. to prevent or reduce pain and/or symptoms.
2. to kill germs.
3. to prevent disease.

Say: Now let's group or categorize your responses into the three categories (listed above).

Say: As I read your responses, think about the category in which each response belongs. I will give you a few moments and then ask you to vote on the category in which the response should be placed.

Note to teacher: You may have to assist students with the categorization of some of the responses.

Say: In addition to different categories of why we take medicines, there are two major types of medicines. They are prescription and over-the-counter.

Write the two terms on the board or on an overhead transparency.

Ask: What do you think these terms mean?

Write responses on board or transparency.

Ask: What do these medicines have in common?

Ask: What is different about these medicines?

Note to teacher: Several similarities and differences can be observed, but the keypoint for this lesson is who decides which drugs we take.

prescription:	a doctor decides
over-the-counter:	you (or your parents) decide

If the students don't arrive at this, guide them using the following questions:

Ask: How do you get a prescription drug?

Ask: Who decides whether or not you should take a prescription drug?

Ask: How do you get an over-the-counter drug?

Ask: Who decides whether or not you should take a prescription drug?

Ask: Why do you suppose some drugs can only be prescribed by a doctor and obtained from a pharmacist?

Note to teacher: The key point here is safety. Drugs can be dangerous. The use of some drugs must be monitored by a professional.

DRUG: A NON-FOOD SUBSTANCE THAT WHEN SWALLOWED, INJECTED, INHALED, OR APPLIED CAUSES CHANGES IN THE BODY

MEDICINE: A DRUG USED TO TREAT ILLNESS OR PAIN

WHY ARE DRUGS/MEDICINES USED?

1. TO PREVENT OR REDUCE PAIN AND/OR SYMPTOMS
2. TO KILL GERMS
3. TO PREVENT DISEASE

THE 2 KINDS OF DRUGS/MEDICINES

1. PRESCRIPTION

2. OVER-THE-COUNTER (OTC)

UNIT II - DRUGS THAT CAN HELP US
LESSON 6 - WHAT ARE DRUGS AND WHY DO WE USE THEM?
STUDENT WORKSHEET #1

WHAT ARE DRUGS AND WHY DO WE USE THEM? (WITHOUT CLUES)

YOUR NAME ______________________

****UNSCRAMBLE THE VOCABULARY WORDS****

1. **GYALLER** ______________________
2. **PDISUNRCTERRIOGP** ______________________
3. **ANITCSHTEE** ______________________
4. **NTSPCOIERPRI** ______________________
5. **TBATIIOINSC** ______________________
6. **CIRSTHAPMA** ______________________
7. **FIEEDTEFSC** ______________________
8. **CICEVNA** ______________________
9. **GRUD** ______________________
10. **YTOMSPM** ______________________
11. **EHRVERUTNCOOTE** ______________________
12. **DCNEIEMI** ______________________

UNIT II - DRUGS THAT CAN HELP US
LESSON 6 - WHAT ARE DRUGS AND WHY DO WE USE THEM?
STUDENT WORKSHEET #2

WHAT ARE DRUGS AND WHY DO WE USE THEM? (WITH CLUES)

YOUR NAME ______________________

****UNSCRAMBLE THE VOCABULARY WORDS****

1. LYELGAR ______________________
2. TASTEINCEH ______________________
3. GDRU ______________________
4. SITRPPOCNIRE ______________________
5. SFFEEETCDI ______________________
6. NCMDIEEI ______________________
7. RCEEVEUOTONTHR ______________________
8. YOTSPMM ______________________
9. RASHCTMAIP ______________________
10. GICIODPSRRNURTEP ______________________
11. CVEACNI ______________________
12. CATBNSIIIOT ______________________

ANTIBIOTICS
PHARMACIST
SIDE EFFECT
OVER-THE-COUNTER
DRUG
ALLERGY
VACCINE
PRESCRIPTION
PRESCRIPTION DRUG
SYMPTOM
MEDICINE
ANESTHETIC

ANSWER KEY

UNSCRAMBLE THE VOCABULARY WORDS

1. GYALLER	(ALLERGY)
2. PDISUNRCTERRIOGP	(PRESCRIPTION DRUG)
3. ANITCSHTEE	(ANESTHETIC)
4. NTSPCOIERPRI	(PRESCRIPTION)
5. TBATIIOINSC	(ANTIBIOTICS)
6. CIRSTHAPMA	(PHARMACIST)
7. FIEEDTEFSC	(SIDE EFFECT)
8. CICEVNA	(VACCINE)
9. GRUD	(DRUG)
10.YTOMSPM	(SYMPTOM)
11.EHRVERUTNCOOTE	(OVER-THE-COUNTER)
12.DCNEIEMI	(MEDICINE)

ANSWER KEY

UNSCRAMBLE THE VOCABULARY WORDS

1. LYELGAR	(ALLERGY)
2. TASTEINCEH	(ANESTHETIC)
3. GDRU	(DRUG)
4. SITRPPOCNIRE	(PRESCRIPTION)
5. SFFEEETCDI	(SIDE EFFECT)
6. NCMDIEEI	(MEDICINE)
7. RCEEVEUOTONTHR	(OVER-THE-COUNTER)
8. YOTSPMM	(SYMPTOM)
9. RASHCTMAIP	(PHARMACIST)
10. GICIODPSRRNURTEP	(PRESCRIPTION DRUG)
11. CVEACNI	(VACCINE)
12. CATBNSIIIOT	(ANTIBIOTICS)

ENRICHMENT OPTIONS

As a homework assignment, distribute an OTC label worksheet to each student. Have the students complete their worksheets using OTC medicines that are in their homes.

As a learning log entry, the students could list the nine items found on an over-the-counter drug label.

EVALUATION

Teacher observation and evaluation of class discussion.

Evaluation of worksheets.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In yesterday's lesson we talked about why we take over-the-counter drugs or prescription medicines. We decided there were three important reasons. We take over-the-counter drugs or prescription medicines:

1. to prevent or reduce pain and/or symptoms.
2. to kill germs.
3. to prevent disease.

We need to be careful when taking any kind of medicine. But we need to be especially careful when taking over-the-counter medicines because we are the ones prescribing them, not a doctor. In today's lesson we are going to learn about the information found on the label of an over-the-counter medicine. We also will learn how to read the labels on OTC drugs.

Say: Nine items of information should be found on an OTC drug label. I am going to write these items on the board (or on chart paper) so that we may refer to them throughout this lesson.

1. the name of the product
2. the symptoms the product is supposed to relieve
3. how much is in the package
4. how often and when to take the product

LESSON 7:
WHAT'S ON AN OVER-THE-COUNTER (OTC) DRUG LABEL?

LESSON OVERVIEW

A multitude of over-the-counter drugs/medicines are available at every drug and grocery store. The labels of these medications contain a great deal of information that the consumer should be aware of before the medication is purchased or used. This lesson will provide students with the knowledge of what is on over-the-counter (OTC) labels and with experience in reading them.

LESSON OBJECTIVES

The student will:

be aware of what information is found on an OTC label.

be able to read an OTC label critically.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and tranparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Tylenol Label" Master - Worksheet (included)

"OTC Label Worksheet" Master - Worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

dosage:	the system that is to be followed in taking medicine
expiration date:	the date at which something comes to an end
ingredient:	one of the parts of a mixture
symptom:	a sign or indication
toxic:	poisonous

DIRECT INSTRUCTION: HOW TO PROCEED (continued)

5. what is in the product: **active** ingredients/**inactive** ingredients
6. warnings
7. name and address of who manufactured the product
8. expiration date
9. how to store the product (this item usually is found only on products that require special care)

Put Allerest label on the overhead projector and review the label with the entire class. (Note: There are only seven of the nine items on this label. The expiration date and storage procedures are missing.)

Next, put the Bayer Aspirin label on the overhead. Have the students identify the nine items on the labels.

Say: I'm now going to distribute a Tylenol label to each of you. Read the label carefully, then label all nine items just as we did the first two labels when we worked together as a class.

After students have had sufficient time to find and write the items on the label, put the Tylenol label on the overhead. As a group activity, identify the items on the label and write them on the transparency as the students identify them.

MAXIMUM STRENGTH RELIEF

for Hay Fever and Allergy ● Runny Nose ● Sneezing ● Watery, Itchy Eyes ● Nasal & Sinus Congestion Which Can Cause Pain

NAME

allerest®

ALLERGY & HAY FEVER MEDICINE

ANTIHISTAMINE / DECONGESTANT

AMOUNT

24 TABLETS

SYMPTOMS

allerest® relieves the symptoms of hay fever, pollen allergies, upper respiratory allergies (perennial allergic rhinitis), allergic colds, sinusitis and nasal passage congestion.

You cannot buy a more effective allergy medicine without a doctor's prescription.

allerest contains an *antihistamine* to relieve the sneezing and runny nose, the itching and watery eyes, itchy nose or throat associated with hay fever, pollen allergies and allergic rhinitis.

allerest contains a *decongestant* to reduce swelling and clear nasal passages, shrink swollen membranes, promote sinus drainage and restore freer breathing through the nose.

Allerest contains no aspirin, no caffeine.

DOSAGE

WARNINGS

DOSAGE: Take 2 tablets every 4 hours. Not to exceed 8 tablets in 24 hours. **Children (6-12):** One-half above dose. **Children under 6:** Consult physician. **WARNING:** Persons with high blood pressure, heart disease, diabetes, or thyroid disease, see physician before using. Since drowsiness may occur, do not drive or operate machinery. If symptoms persist, see your physician. **Keep this and all drugs out of the reach of children.** In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.

INGREDIENTS

ACTIVE INGREDIENTS: Each tablet contains: Phenylpropanolamine HCl, 18.7 mg.; Chlorpheniramine Maleate, 2 mg.

OTHER INGREDIENTS: Dibasic Calcium Phosphate; Dye, FD&C Blue #1 Aluminum Lake; Magnesium Stearate; Microcrystalline Cellulose; Povidone; Pregelatinized Starch; Sodium Starch Glycolate.

3 0235-0585-01

List No. 0585 Printed in U.S.A.

MANUFACTURER **PENNWALT CORP. PHARMACRAFT DIVISION ROCHESTER, N.Y. 14623**

STORAGE PROCEDURES AND EXPIRATION DATE ON SIDE OF PACKAGE.

UNIT II - DRUGS THAT CAN HELP US
LESSON 7 - WHAT'S ON AN OTC LABEL
TRANSPARENCY #2

NDC 12843-101-20

SEE NEW LABEL

Enclosed a total of **$3.00** worth of coupons on these products

- BAYER®
- MIDOL® PMS
- CALCITREL®
- PHILLIPS'® MILK OF MAGNESIA
- PHILLIPS'® LAX CAPS®
- LYSOL® LAUNDRY SANITIZER

GENUINE BAYER®

ASPIRIN

TOLERAID™ MICRO-COATING
SAFE, EFFECTIVE RELIEF
CAFFEINE FREE

200 TABLETS–325 MG. EACH

GENUINE BAYER®

ASPIRIN

TOLERAID™ MICRO-COATING
SAFE, EFFECTIVE RELIEF · CAFFEINE FREE

Genuine Bayer Aspirin

Medicine That's Easy to Take

The patented Toleraid™ Micro-Coating makes Genuine Bayer Aspirin easier to swallow than regular aspirin without that bitter taste and burning sensation in the throat. It is 100% pure, fast acting aspirin and is recommended for pain relief of: Headaches • Pain and fever of colds & flu • Muscle aches and pains • For the temporary relief of minor aches and pains of arthritis and rheumatism • Bursitis • Menstrual discomfort • Toothaches.

Ask your physician about new uses for Bayer Aspirin

Genuine BAYER Aspirin also contains: Hydroxypropyl Methylcellulose, Starch and Triacetin.

Caution: If pain persists for more than 10 days, or redness is present, or in conditions affecting children under 12 years of age, consult a physician immediately.

Warnings: Children and teenagers should not use this medicine for chicken pox or flu symptoms before a doctor is consulted about Reye Syndrome, a rare but serious illness. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a poison control center immediately. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.

The Bayer Company, Glenbrook Laboratories, Div. of Sterling Drug Inc., New York, NY 10016

FOR AGES 6-14

JUNIOR STRENGTH
TYLENOL®

acetaminophen

SWALLOWABLE TABLETS

Fast, effective relief of children's
fever and pain...without aspirin

SAFETY SEALED 30 TABLETS-160 mg each

FOR AGES 6-14

JUNIOR STRENGTH
TYLENOL®
acetaminophen
SWALLOWABLE TABLETS

3 0045-0470-15

JUNIOR STRENGTH TYLENOL SWALLOWABLE TABLETS FOR AGES 6-14
acetaminophen

Junior Strength TYLENOL Swallowable Tablets provide fast, effective temporary relief of fever and discomfort due to colds and flu, and of pain and discomfort due to simple headaches, minor muscular aches, sprains and overexertion

How Junior Strength TYLENOL is different:
- Requires fewer tablets per dose than other children's fever/pain medications and allows you to give your child the exact dosage needed by age and weight
- Uniquely shaped, small coated tablets that are easy to swallow
- Contains no aspirin and is unlikely to cause the side effects that may occur with aspirin

DOSAGE:

AGE (yr)	Under 6	6-8	9-10	11	12-14
WEIGHT (lb)	Under 48	48-59	60-71	72-95	96 and over
TABLETS	Consult Physician	2	2½	3	4

All dosages should be taken with liquid and may be repeated every 4 hours, but not more than 5 times daily

WARNING: Do not use if carton is opened or if a blister unit is broken. Keep this and all medication out of the reach of children. In case of accidental overdosage, contact a physician or poison control center immediately. Consult your physician if fever persists for more than three days or if pain continues for more than five days. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Not for children who have difficulty swallowing tablets

See end panel for expiration date. Store at room temperature
McNEILAB INC., FORT WASHINGTON, PA 19034 USA

© McN 1984

FOR AGES 6-14

JUNIOR STRENGTH
TYLENOL®
acetaminophen
SWALLOWABLE TABLETS

Fast, effective relief of children's
fever and pain...without aspirin

SAFETY SEALED 30 TABLETS-160 mg each

FOR AGES 6-14

JUNIOR STRENGTH
TYLENOL®
acetaminophen
SWALLOWABLE TABLETS

3 0045-0470-15

JUNIOR STRENGTH
TYLENOL **SWALLOWABLE TABLETS FOR AGES 6-14**
acetaminophen

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See end panel for expiration date. Store at room temperature.
McNEILAB INC. FORT WASHINGTON, PA 19034 USA

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NAME ______________________________

OTC LABEL WORKSHEET

1. WHAT IS THE NAME OF THE PRODUCT? ______________________

2. WHAT SYMPTOMS ARE SUPPOSED TO BE RELIEVED BY THE PRODUCT?

   ____

   ____

   ____

3. HOW MUCH IS IN THE PACKAGE? ______________________

4. HOW OFTEN AND WHEN SHOULD THE PRODUCT BE TAKEN?

   ____

5. WHAT ARE THE ACTIVE INGREDIENTS FOUND IN THE PRODUCT?

   ____

   ____

6. WHAT ARE THE INACTIVE INGREDIENTS FOUND IN THE PRODUCT?

   ____

   ____

7. WHAT WARNINGS ARE THERE ABOUT THE PRODUCT?

   ____

   ____

8. WHAT IS THE NAME AND ADDRESS OF THE MANUFACTURER?

   ____

   ____

9. WHAT IS THE EXPIRATION DATE OF THE PRODUCT? ______________

10. WHAT ARE THE STORAGE INSTRUCTIONS FOR THE PRODUCT?

    ____

LESSON 8:
GETTING TO THE DRUGSTORE

LESSON OVERVIEW

Everyone must use care when taking drugs/medicines. In addition to the care each of us exercises as an individual, the United States government tries to insure that the drug/medicines on the pharmacy's shelves are safe. This lesson will provide students with information on the "path" a new drug must take to reach the drugstore, and the safety rules we all should observe when taking drugs/medicines.

LESSON OBJECTIVES

The student will:

know the safety rules for taking medicines.

describe new tests which new medicines must pass before they are approved for sale in drugstores.

participate in a Readers Theatre.

TIME REQUIRED

One class period

MATERIALS REQURIED

"The Project" Master - short story (included)

"The Project" Master - Readers Theatre script (included)

"The Project" Worksheet Master - worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

allergic:	having a condition in which one becomes sick, gets a rash, etc., by breathing in, touching, eating, or drinking something that is not harmful to most people

VOCABULARY CONT'D.

birth defects:	a fault or imperfection with which one is born
cancer:	a disease in which certain cells grow rapidly and spread throughout the body
side-effects:	an effect of a drug other than the one intended
toxic:	poisonous

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In the past two lessons, we have talked about why we take drugs/medicines and we have learned how to read the labels of OTC medicines. In today's lesson, you will learn more safety rules for taking medicines. You will learn how our government tries to insure that the medicines we take are safe. We are going to learn these things from a story called "The Project".

The teacher has several options. Choose one of the following:

I. Distribute a copy of the story, "The Project," to each student and ask each student to read the story silently.

2. Distribute a copy of the story, "The Project," to each student and ask each student to follow along as the teacher reads the story aloud.

3. Select eleven students who will present "The Project" in the Readers Theatre style. The script is included in this lesson.

Following the reading of "The Project," distribute the student worksheet. Students may work individually or in small groups to answer the questions.

ENRICHMENT OPTIONS

As a learning log entry, the students could list the safety rules for taking medication.

THE PROJECT

"Are you ready for the test today?" Tiff asked Chuck.

"You bet," Chuck said. "I know the material backwards and forwards."

"OK, Mr. Know-it-all," Tiff teased. "What are the safety rules for taking medicines?"

"That's easy," laughed Chuck. "The rules are: don't take any medicines unless they are given to you by your parents or a doctor; never take someone else's prescription drug; always read the label carefully and follow the directions; always keep medicines in their original containers; and finally, dispose of medicines that are out of date."

"Not bad," said Tiff. "You only missed one. What about side effects?"

"I always forget that one," said Chuck. "If you have any side effects from the medication, you should contact your doctor."

As soon as they walked through the gate onto the school grounds, the bell rang.

Tiff yelled, "Let's go! We can't be late to Mrs. Smith's class again this week."

Tiffany Tablet and Chuck Caplet attend Southwest Elementary School. They are in the sixth grade and they are class partners. In addition to being partners, Chuck and Tiffany live next door to each other, so they study and do their homework together much of the time.

The test was over and school was just about to end for the day when Mrs. Smith said, "For the past few days we have been talking about drugs and medicines. We've discussed why we take them, how to read their labels, and safety rules for taking them. But how do we know that the medicines at the drugstore are safe to take? I'll give extra-credit to the students who do a report on how a new drug gets to the drugstore, and I don't mean how it was delivered. I want a report on what happens from the time a new drug is discovered until it is on the shelves. You can work on the report by yourself or with your partners. The report is due one week from today. Any questions?"

There was silence. The bell was about to ring and it was Friday afternoon. No one wanted to stay a second longer than they had to, so even if someone had a question, no one asked it.

"Oh, and one more thing," added Mrs. Smith. "Be sure to use at least three reference sources."

Chuck looked at Tiff. He had a big grin on his face and was holding his thumbs up. Tiff immediately knew what he was thinking. Chuck's sister had just become a pharmacist and would be a big help with the report.

The bell rang and Mrs. Smith's sixth graders, ready for the weekend, hurried out of the classroom.

Chuck was excited. "That extra-credit is as good as ours, and boy can I use it!" he told Tiff. "My sister, Jane, will be able to tell us everything we need to know for our report. We won't have to do any work except for writing down what she says. In fact, let's go see her today and we can get it all done and turn it in on Tuesday."

"OK," said Tiff, "but when we get to the store I need to call home and let my mom know where I am."

After Tiff used the pay phone, they walked back to where the pharmacy section was located. Jane was behind the counter typing a prescription label. Without looking up from the typewriter, she said, "May I help you?" When she looked up, she quickly added, "Chucky! Tiff! What are you two doing here?"

Chuck frowned. He hated it when his family called him Chucky, but he answered, "We're doing a report on medicines for school and we hoped you would help us with it."

"I'll be glad to," Jane said, "but first I've got to finish this prescription. Why don't you two look around the store and meet me back here in five minutes?"

As they walked around the store, Chuck gloated, "See, I told you the extra-credit was as good as ours. Jane will tell us everything we need to know and our report will be finished today."

Jane was waiting for them when they got back to the pharmacy. She led them to the employee lounge where they sat down at a table in the corner of the room.

"OK, you two," said Jane. "Tell me about your report and how I can help."

Chuck was all smiles. "Tiff, get some paper out and take notes," Chuck ordered. "Mrs. Smith assigned..."

"Forget you!" Tiff interjected. "Did you break your arm?"

"No, but I'm asking the questions," answered Chuck.

"Well, who put you in charge?" questioned Tiff.

"Whoa, you two. Why don't you both ask questions and take notes? That way you can compare notes and be sure you are correct," chided Jane. "Tiff, why don't you tell me about the assignment?"

Chuck frowned while Tiffany explained the assignment to Jane.

"Let me see if I have this straight," said Jane. "You have an extra-credit assignment to do a report on how a newly discovered drug gets from the laboratory to the drugstore."

"Right," added Chuck.

"And I'll bet Chucky here figured," Jane continued, "that I would tell you all you needed to know for your report. Sort of one-stop shopping for extra-credit. Right?"

"Wellll, kinda," Chuck replied.

"Then let's get started," said Jane. "I only have a fifteen minute break."

Chuck let out a big sigh of relief. For a second, he thought Jane wasn't going to help them with the report.

Tiff started off, "How long does it take for a new drug to get to the drug store?"

"I just saw that in an article I was reading," answered Jane. "The author said that it may be seven to ten years from the time a new drug is discovered until a report is submitted to the F.D.A. for approval, and that it may cost the company fifty to sixty million dollars."

"Wow! That's a long time and a lot of money," said Tiff. "But I guess it's worth it to guarantee that the drug is perfectly safe to take."

"Tiff, don't ever think that any drug is perfectly safe. Drugs don't come with guarantees. Even though the F.D.A. approves a drug, that doesn't make it entirely safe," cautioned Jane. "There can still be side effects, or you might be allergic to the drug. You can also have severe problems if you mix medications or if you take more than the label indicates. Understand?"

Tiff nodded.

"Why does it take so long and cost so much money?" asked Chuck. "And what is the F.D.A.?"

"The F.D.A. is the Food and Drug Administration," answered Jane. "It is the governmental agency that must give approval before a new drug comes to the drugstore."

"What about the time and the money?" reminded Tiff.

"How many reference sources did Mrs. Smith say you had to use?" questioned Jane.

Hesitantly, Chuck responded, "She said three, but ..."

"Well, in that case," Jane interrupted, "I'll give you the names of two people who can answer those questions for you. Wait right here and I'll go get them for you."

"The extra-credit is as good as ours and we'll turn it in on Tuesday," teased Tiff. "Isn't that what you said, CHUCKY?"

"OK! OK! I was wrong, and my name is CHUCK," responded Chuck.

Jane was back in just a few minutes with a piece of paper in her hand. "I went to college with these two people and they are very good friends of mine. Ken Pedersen is a researcher for Costello Laboratories, a drug manufacturing company. Lisa Bennett is with the F.D.A. When you call, be sure to tell them that I gave you their names, and don't forget to thank them when you're through. OK?"

"Yeah, don't worry," said Chuck.

"Well, I've got to get back to work," said Jane. "Good luck with your project."

"And I've got to get home," said Tiff. "Thanks for your help."

"Yeah, thanks for ALL your help," Chuck said sarcastically as they left the room.

"Chuck, I know this isn't what you want to hear, but you will learn a lot more if you do some research yourself," Jane said. "And don't forget, Mrs. Smith didn't give me the assignment, she gave it to you."

When they left the store, Chuck let Tiff know how he felt. "That sister of mine; why couldn't she just once do something that I asked her to?" He quickly added, "And don't you start!"

"Hey, I'm not going to get on your case," Tiff said. "Besides, Jane is right. We are supposed to have three sources, and she did give us the names of two other sources."

"I guess you're right," lamented Chuck. "It's just that I had hoped we would be able to get some EASY extra-credit."

"It still won't be so bad," Tiff said. "Since we don't have school on Monday, we'll be able to talk to the people Jane told us about and still turn the report in on Tuesday. In fact, why don't you talk to one of the people and I'll talk to the other?"

"That's using your head," said Chuck. "What a great idea!"

By the time they reached home, they had decided that Chuck would talk to Mr. Pedersen and Tiff would talk to Miss Bennett. They also agreed to meet at Tiff's house at three on Monday afternoon to write the report.

Early Monday morning, Tiff called Lisa Bennett at the Food and Drug Administration and made an appointment to see her. The appointment was for ten-thirty. When Tiff arrived at the office, Miss Bennett was standing in her open doorway.

"Come in, Tiff," said Miss Bennett. "Tell me about your project and how I can help you."

Tiff explained what the project was all about.

"Well, let me tell you about my job," said Miss Bennett. "Maybe that will help you. Before a new drug can be sold, the company that is producing it must submit a detailed report about the drug to the F.D.A. My job is to read that part of the report which deals with the research done on the drug with humans. The research on a new drug that is done with humans can be divided into three parts. The first tests are usually done on a small group of normal males to see if the drug has any bad side effects. These tests take about one year."

"How many people are tested?" asked Tiff.

"The first group usually consists of about fifty to seventy people," answered Miss Bennett. "The second set of tests involves one to two hundred people and takes about two years to complete. These tests try to determine if the drug really works and what the dosage should be. The third part consists of a much larger group and takes about three years to complete. The third part is used to determine how safe and how effective the drug is. This may involve over a thousand people."

"Are the people tested always men?" asked Tiff.

"No," answered Miss Bennett. "Women are always tested in the last two groups."

"This information will really help; thanks a lot," said Tiff.

"You're more than welcome," said Miss Bennett, "but there is a lot of testing of the drug before it is given to humans."

"There is?" asked Tiff.

"Yes, there is; but you'll have to ask someone else about that," said Miss Bennett.

"OK, I will," said Tiff. "And thanks again for all your help."

As soon as Tiff got home, she called Chuck. When he answered the phone, she said, "I'm sure glad you're still home. I was afraid you would have already gone to see Mr. Pedersen."

"No, I'm still here," said Chuck. "The appointment isn't until one. What's the big deal anyway?"

"Well, I got a lot of information from Lisa Bennett, but we are still missing some. We need to know what kinds of tests are done on a new drug before it is given to a human. So you be sure to ask Mr. Pedersen about it."

"Aye, aye, Boss," quipped Chuck. "Anything else?"

"No, that should do it," answered Tiff.

Chuck arrived at the Costello Laboratories Building at twelve-fifty. In about ten minutes, a man in a white lab coat walked up to Chuck and introduced himself as Ken Pedersen. He sat down beside Chuck and asked how he could help. Chuck explained the project and said that he really needed to know what kinds of tests are performed before a new drug is tested on humans.

With that, Mr. Pedersen stood up and said, "Well, you came to the right person. Let's go to my lab and see what kinds of tests I do."

As they walked to the lab, Mr. Pedersen explained to Chuck that his job was to test new drugs before they are given to humans. When they arrived at the laboratory, Chuck noticed a variety of animals in cages. Among the animals he saw were rats, mice, rabbits, and dogs.

"What are all the animals for?" asked Chuck.

"We use these animals to test the new drugs before they are tried on humans," explained Mr. Pedersen.

"What kinds of tests do you do?" asked Chuck.

"We actually do many kinds of tests," Mr. Pedersen responded. "We check to see if the drug is toxic or poisonous, and if it is, at what level it is. We check to see if the drug interferes with the reproduction of the animal or if it causes cancer or birth defects. Finally, we check the animal's internal organs to see if parts such as the heart, kidneys, and liver have been damaged."

"How many animals will be tested?" Chuck questioned.

"We test each drug on at least three different animal species," answered Mr. Pedersen. "And we use many animals of each species."

"That must take a lot of time," said Chuck. "How long do all of these tests take?"

"It takes about two years for us to run all of the tests," said Mr. Pedersen.

"Wow!" exclaimed Chuck. "I didn't think it would take that long."

"It does take a while, doesn't it?" responded Mr. Pedersen. "Do you have any more questions or do you need any more information?"

"No, I don't think so," said Chuck. "You've really been a big help. Thanks a lot."

When Chuck got home, it was two-thirty. He called Tiff and when she answered the phone, he responded with, "Hi, Boss. I'm home and I have all the information you ordered."

"OK, Chucky," Tiff answered. "I'll see you in half an hour."

"OK, but if you call me Chucky again, you'll be doing this project by yourself," Chuck warned.

Narrator 1 Tiffany Tablet and Chuck Caplet attend Southwest ElementarySchool. They are in Mrs. Edith Smith's sixth grade class. In addition to being class partners, Chuck and Tiffany live next door to each other, so they study and do their homework together much of the time.

Narrator 4 School was just about to end for the day when Mrs. Smith said...

Mrs. Smith For the past few days, we have been talking about drugs and medicines. We've discussed why we take them, how to read their labels, and safety rules for taking them. Remember, the rules are: don't take any medicines unless they are given to you by your parents or a doctor; never take someone else's prescription drug; always read the label carefully and follow the directions; always keep medicines in their original containers; call your doctor if you have any side effects from the medication; and finally, dispose of medicines that are out of date. But how do we know that the medicines at the drugstore are safe to take? I'll give extra-credit to the students who do a report on how a new drug gets to the drugstore, and I don't mean how it was delivered. Your report should tell what happens from the time a new drug is discovered until it is on the shelves. You can work on the report by yourself or with your partner. The report is due one week from today. Any questions?

Narrator 2 There was silence. The bell was about to ring and it was Friday afternoon. No one wanted to stay a second longer than they had to, so even if someone had a question, no one asked it.

Mrs. Smith Oh, one more thing; be sure to use at least three reference sources.

Narrator 3 The bell rang and Mrs. Smith's sixth graders, ready for the weekend, hurried out of the classroom.

Narrator 1 Chuck had a big grin on his face and was holding his thumbs up. Tiff immediately knew what he was thinking. Chuck's sister had just become a pharmacist and she would be a big help with the report.

Chuck That extra-credit is as good as ours, and boy can I use it! My sister, Jane, will be able to tell us everything we need to know for our report. We won't have to do any work except for writing down what she says. In fact, let's go see her today and we can get it all done and turn it in on Tuesday.

Tiff OK, but when we get to the store, I need to call home and let my mom know where I am.

Narrator 2 After Tiff used the pay phone, they walked back to where the pharmacy was located. Jane was behind the counter typing a prescription label. Looking up from the typewriter, she said...

Jane Chucky! Tiff! What are you two doing here?

Narrator 4 Chuck frowned. He hated it when his family called him Chucky.

Chuck We're doing a report on medicines and we hoped you would help us with it.

Jane I'll be glad to. Tell me about your report and how I can help.

Tiff First of all, how long does it take for a new drug to get to the drug store?

Jane From the time a new drug is discovered until a report is submitted to the F.D.A. for approval may be seven to ten years and it may cost the company fifty to sixty million dollars.

Chuck Why does it take so long and cost so much money? And what is the F.D.A.?

Jane The F.D.A. is the Food and Drug Administration. It is the governmental agency that must give approval before a new drug comes to the drug store.

Tiff What about the time and the money?

Jane How many reference sources did Mrs. Smith say you had to use?

Chuck She said three, but...

Jane Well, in that case, I'll give you the names of two people who can answer those questions for you. Wait right here and I'll go get them for you.

Narrator 3 Jane was back in a few minutes with a piece of paper in her hand.

Jane I went to college with these two people and they are very good friends of mine. Ken Pedersen is a researcher for Costello Laboratories, a drug manufacturing company. Lisa Bennett is with the F.D.A. When you call them, be sure to tell them that I gave you their names, and be sure to thank them when you're through. OK?

Chuck We will. Don't worry.

Jane Well, I've got to get back to work. Good luck with your project.

Narrator 1 By the time they reached home, they had decided that Chuck would talk to Mr. Pedersen and Tiff would talk to Miss Bennett. They also agreed to meet at Tiff's house at three on Monday afternoon to write the report.

Narrator 2 Early Monday morning, Tiff called Miss Bennett at the Food and Drug Administration and made an appointment to see her. When Tiff arrived at the office, Miss Bennett was standing in her open doorway.

Miss Bennett Come in, Tiff. Tell me about your project and how I can help you.

Narrator 4 Tiff explained what the project was all about.

Miss Bennett Well, let me tell you about my job; maybe that will help you. Before a new drug can be sold, the company that is producing it must submit a detailed report about the drug to the F.D.A. My job is to read that part of the report dealing with the research done on the drug with humans. The research on a new drug that is done with humans can be divided into three parts. The first tests are usually done on a small group of normal males to see if the drug has any bad side-effects.These tests take about one year.

Tiff How many people are tested?

Miss Bennett The first group usually consists of about fifty to seventy people. The second set of tests involves one to two hundred people and takes about two years to complete. These tests try to determine if the drug really works and what the dosage should be. The third part consists of a much larger group and takes about three years to complete. The third part is used to determine how safe and how effective the drug is. This may involve over a thousand people.

Tiff Are the people tested always men?

Miss Bennett No, women are also tested in the last two groups.

Tiff This information will really help; thanks a lot.

Miss Bennett You're more than welcome. There is a lot of testing of the drug before it is given to humans, but you'll have to ask someone else about that.

Narrator 3 As soon as Tiff got home, she called Chuck. When he answered the phone, she said...

Tiff I got a lot of information from Lisa Bennett, but we are still missing some. We need to know what kinds of tests are done on a new drug before it is given to a human, so you be sure to ask Mr. Pedersen about it.

Chuck Aye, aye, Boss. Anything else?

Tiff No, that should do it.

Narrator 1 Chuck arrived at the Costello Laboratories at twelve-thirty. In about ten minutes, a man in a white lab coat walked up to Chuck and introduced himself as Ken Pedersen. He sat down beside Chuck and asked how he could help. Chuck explained the project. He said that he really needed to know about what kinds of tests are performed before a new drug is tested on humans.

Mr. Pedersen Well, you came to the right person. Let's go to my lab and see what kinds of tests I do.

Narrator 2 As they walked to the lab, Mr. Pedersen explained to Chuck that his job was to test new drugs before they are given to humans. When they arrived at the laboratory, Chuck noticed a variety of animals in cages. Among the animals he saw were rats, mice, rabbits, and dogs.

Chuck What are all the animals for?

Mr. Pedersen We use these animals to test new drugs before they are tested on humans.

Chuck How many animals will be tested?

Mr. Pedersen We test each drug on at least three different animal species. And we use many animals of each species.

Chuck How long do all of these tests take?

Mr. Pedersen It takes about two years for us to run all of the tests.

Chuck Wow! I didn't think it would take that long.

Mr. Pedersen It does take a while, doesn't it? Do you have any more questions or need any more information?

Chuck No, I don't think so. You've really been a big help. Thanks a lot.

Narrator 3 When Chuck got home, it was two-thirty. He called Tiff and when she answered the phone, he responded with...

Chuck I'm home and I have all the information you ordered.

Tiff OK, Chucky, I'll see you in half an hour.

Chuck OK, but if you call me Chucky again, you'll be doing this project yourself!

"THE PROJECT" WORKSHEET

1. WHAT ARE THE SAFETY RULES FOR TAKING MEDICINES THAT CHUCK AND TIFF LEARNED?

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2. WHAT GOVERNMENTAL AGENCY MUST GIVE ITS APPROVAL BEFORE A NEW DRUG MAY BE SOLD?

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3. BEFORE A NEW DRUG IS TESTED ON HUMANS, IT IS TESTED ON ANIMALS. WHAT KINDS OF ANIMALS ARE USED FOR THESE TESTS?

____

____

4. HOW LONG DO THE TESTS TAKE? ____________________

5. WHAT DO THE TESTS ON ANIMALS CHECK FOR?

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6. THE TESTING ON HUMANS IS DIVIDED INTO THREE PARTS. USE THE INFORMATION YOU LEARNED IN THE STORY TO COMPLETE THE CHART BELOW.

TEST I

PURPOSE OF THE HUMAN TEST ______________________________

____

NUMBER OF PERSONS TESTED ______________________________

LENGTH OF TEST ______________________________

TEST II

PURPOSE OF THE HUMAN TEST ______________________________

____

NUMBER OF PERSONS TESTED ______________________________

LENGTH OF TEST ______________________________

TEST III

PURPOSE OF THE HUMAN TEST ______________________________

____

NUMBER OF PERSONS TESTED ______________________________

LENGTH OF TEST ______________________________

7. FROM THE TIME A NEW DRUG IS DISCOVERED UNTIL A REPORT IS SENT TO THE F.D.A., HOW MUCH TIME AND MONEY IS SPENT ON TESTING?

____

____

8. WHY DO YOU THINK OUR GOVERNMENT REQUIRES SO MUCH TESTING BEFORE A NEW MEDICINE CAN BE SOLD?

____

____

"THE PROJECT" WORKSHEET

1. WHAT ARE THE SAFETY RULES FOR TAKING MEDICINES THAT CHUCK AND TIFF LEARNED?

Don't take any medicines unless they are given to you by your parents or a doctor.

Never take someone else's prescription drug.

Always read the label carefully and follow the directions.

Keep medicine in its original container.

Dispose of medicines that are out of date.

If you have any side effects, contact your doctor.

2. WHAT GOVERNMENTAL AGENCY MUST GIVE ITS APPROVAL BEFORE A NEW DRUG MAY BE SOLD?

F.D.A. = Food and Drug Administration.

3. BEFORE A NEW DRUG IS TESTED ON HUMANS, IT IS TESTED ON ANIMALS. WHAT KINDS OF ANIMALS ARE USED FOR THESE TESTS?

Mice, rats, rabbits, and dogs.

4. HOW LONG DO THE TESTS TAKE? *2 years.*

5. WHAT DO THE TESTS ON ANIMALS CHECK FOR?

The tests check to see if the drug:

is poisonous or toxic.

interferes with reproduction.

causes cancer or birth defects.

damages internal organs.

6. THE TESTING ON HUMANS IS DIVIDED INTO THREE PARTS. USE THE INFORMATION YOU LEARNED IN THE STORY TO COMPLETE THE CHART BELOW.

TEST I

PURPOSE OF THE HUMAN TEST *To see if the drug has any side effects.*

NUMBER OF PERSONS TESTED *50 - 70*

LENGTH OF TEST *1 year*

TEST II

PURPOSE OF THE HUMAN TEST *To determine if the drug works and what the dosage should be.*

NUMBER OF PERSONS TESTED *100 - 200*

LENGTH OF TEST *2 years*

TEST III

PURPOSE OF THE HUMAN TEST *To determine if the drug is safe and effective.*

NUMBER OF PERSONS TESTED *more than 200, may involve over 1,000*

LENGTH OF TEST *3 years*

7. FROM THE TIME A NEW DRUG IS DISCOVERED UNTIL A REPORT IS SENT TO THE F.D.A., HOW MUCH TIME AND MONEY IS SPENT ON TESTING?

7 to 10 years

50 - 60 million dollars

8. WHY DO YOU THINK OUR GOVERNMENT REQUIRES SO MUCH TESTING BEFORE A NEW MEDICINE CAN BE SOLD?

To be sure the drug is safe for human use.

LESSON 9:
TOBACCO AND ITS EFFECTS ON THE HUMAN BODY

LESSON OVERVIEW

Cigarette smoking is the single most important environmental factor contributing to premature mortality in the United States, according to the Surgeon General of the United States. Despite this warning, over 350,000 persons die each year from smoking cigarettes In addition, sales of smokeless tobacco have increased over 30% in the past ten years; it is estimated that today more than 22 million Americans are "dipping" or "chewing."

Health officials are especially concerned about the number of teenagers who smoke. The Surgeon General's office estimated that as many as two million teenagers were smoking in 1987. While only 10% of teens as a whole smoke, almost a third of older teens do. Older teenage girls are now smoking more than older teenage boys.

This lesson will provide students with information on the pathway that tobacco (or more accurately the chemicals found in tobacco) takes in the human body and the effects it has on body organs. The lesson will discuss both cigarette smoking and smokeless tobacco use.

LESSON OBJECTIVES

The student will:

describe the path tobacco takes in the body.

identify the body parts affected by tobacco.

explain the damage cigarette smoking and the use of smokeless tobacco can cause to human health.

TIME REQUIRED

One class period

MATERIALS REQUIRED

Overhead projector, pen and transparencies (included)
or
Chalkboard and chalk or chart paper and marker.

"Tobacco: Pathway and Effects" Master - worksheet (included)

MATERIALS REQUIRED CONT'D.

Colored pencils or crayons

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

carbon monoxide:	a gas made up of carbon and oxygen, that has no color and no smell and is extremely poisonous. It is formed by the incomplete burning of carbon compounds (wood, coal, gasoline, etc.)
emphysema:	a deadly disease caused by damage to the tiny air sacs or alveoli in the lungs. Emphysema sufferers cannot get enough oxygen into their bloodstream.
larynx:	the upper end of the windpipe that contains the vocal cords
leukoplakia:	a disease in which white leathery patches form in the mouth. These patches can develop into cancer.
nicotine:	a poisonous, oily liquid found in tobacco leaves
premature morality:	early death
tar:	any of the solid substances in smoke, as from tobacco

ENRICHMENT OPTIONS

See the "Smoker" extension activity at the end of this lesson.

As a learning log entry, students could write a paragraph on the effects tobacco has on a specific organ of the body.

EVALUATION

Student participation in class discussion and in small group speech activity.

Evaluation of student worksheets.

DIRECT INSTRUCTION: HOW TO PROCEED

The following is a suggested script for this lesson. It may be modified to meet your needs.

Say: In the last unit, we talked about drugs that can help us. In the next four lessons we are going to talk about drugs that harm us. In today's lesson we are going to focus on tobacco. Tobacco use can be extremely harmful to our health.

Put "Surgeon General" (transparency #1) on the overhead projector. Read and discuss it with the students.

Ask: Who can explain in simpler words what the top health expert in the United States is saying about cigarette smoking?

Put "Package warning" transparency #2 on the overhead projector. Read and discuss it with the students.

Say: In today's lesson we will find out what this warning means and why the surgeon general said that cigarette smoking is dangerous.

Put "What's in tobacco smoke" (transparency #3) on the overhead projector. Read and discuss it with the students.

Say: It's not the tobacco that actually causes the problems to our body, but the chemicals in it. Many dangerous chemicals are found in tobacco juice or smoke, but we will only talk about the three you see listed on the overhead: tar, nicotine, and carbon monoxide.

Distribute a worksheet and colored pencil to each student.

Put "Human Body" transparency on the overhead.

Say: We are going to trace the path the chemicals found in tobacco take when they travel through the body. We also are going to discuss the effects these chemicals have on the organs they come in contact with. As I trace the path on the overhead, I want you to do the same on your worksheet. When I mention an organ that is listed on your worksheet, you draw an arrow from the name to the proper organ.

Trace the path of tobacco from the mouth to the lungs.

Color in the mouth cavity, larynx, trachea, and lungs.

Say: Cigarette smoke enters the mouth. It travels from the mouth through the larynx or voice box and trachea to the lungs. Chemicals found in tobacco smoke pass from the lungs into the bloodstream. The substance that causes the most damage to the respiratory system is tar. Tar in tobacco smoke can cause cancer of the mouth, larynx or trachea, and lungs. Lung cancer is usually fatal.

In addition to cancer, the tar in cigarette smoke can also cause "smoker's cough" and emphysema. Smokers cough is caused by damage to the tiny hair-like structures or cilia which line the pathway to the lungs. These structures keep the pathway clean of dust and other particles that enter our bodies when we breathe. When these structures aren't functioning, the inhaled particles collect, causing the person to cough.

Emphysema is a very serious and often deadly disease. Emphysema is a disease caused by damage to the tiny air sacs, or alveoli, in the lungs. The air sacs are destroyed by the buildup of tar. As a result, emphysema sufferers cannot get enough oxygen into their bloodstreams. Emphysema will eventually cause death.

Draw an arrow from the lungs to the heart. Color in the heart.

Say: Once the chemicals found in tobacco are in the bloodstream, they are carried to the heart. The heart then pumps the chemicals throughout the body in the blood. Nicotine and carbon monoxide are the chemicals in cigarette smoke that cause the most damage to the heart.

Nicotine acts as a stimulant. It causes the heart to beat faster. Nicotine also causes the blood vessels to narrow. As a result, blood pressure increases. These effects can be extremely dangerous or deadly to someone who already has blood vessels clogged with fatty deposits.

Carbon monoxide is a gas which reduces the oxygen-carrying ability of the blood. Without sufficient oxygen in the blood, the chances of a heart attack are greatly increased.

Draw an arrow from the heart to the brain.

Color in the brain.

Say: It takes only 10 seconds for nicotine to travel from the lungs to the brain.

Cigarette smoking increases the chances of stroke. A stroke is caused when the brain doesn't get sufficient blood or oxygen. A stroke can result in death or paralysis.

Draw an arrow from the heart to the stomach.

Color in the stomach.

Say: Nicotine stimulates the production of acid by the stomach. Excess acid can cause sores or ulcers in the stomach.

Draw arrows to the kidneys and pancreas.

Color in the kidneys and pancreas.

Say: Chemicals in tobacco have been shown to cause cancer in the kidneys and pancreas.

Say: Tobacco smoke not only damages the organs of the smoker, it also impacts the non-smoker. According to a study by the United States Environmental Protection Agency, as many as 5,000 non-smokers die annually from lung cancer caused by inhaling second-hand smoke. In addition to lung cancer, inhaling second-hand smoke doubles the overall cancer risk. Second-hand smoke can also impact the functioning of the heart and lungs. In addition, second-hand smoke severely impacts individuals already suffering from heart and lung disease.

Say: Using smokeless tobacco is also a dangerous practice. Nicotine and other chemicals in smokeless tobacco enter the bloodstream and impact the heart, brain, stomach, kidneys, and pancreas. The impact that smokeless tobacco has on these organs is the same as cigarette smoking.

Color in the mouth area.

Say: In addition to causing damage to all these organs, tobacco juice can cause severe damage to the mouth. Using chewing tobacco or snuff can cause leukoplakia. Leukoplakia is a disease in which white leathery patches form in the mouth. The white patches can develop into cancer. In addition to causing cancer, smokeless tobacco can cause severe damage to the teeth and gums. The damage can result in the loss of teeth.

Say: Look at the overhead or your diagram of the body.

Ask: How many organs can be damaged by tobacco?

Ask: What organs does tobacco damage?

(The lesson identifies the nine organs which are damaged by tobacco: 1. mouth, 2. larynx, 3. trachea, 4. lungs, 5. heart, 6. brain, 7. stomach, 8. kidneys, 9. pancreas)

Ask: If any of these organs are severely damaged, what could happen to you?

Say: Now I am going to divide the class into groups of three. Each group is to work together to prepare a short speech explaining why smoking is dangerous to your health. When the speech is prepared, select one member of the group to present it. You have ____ minutes to review what you've learned and to prepare a speech.

ENRICHMENT OPTION: "SMOKER" EXTENSION ACTIVITY

The students will observe the smoking of a cigarette by a "smoker"(a plastic squeeze bottle with cotton "lungs"). The students will make predictions about what the cotton "lungs" will look like after smoking and check their predictions. The students will observe what effect the smoke from one cigarette has on the cotton "lungs." (The teacher may want to alert teachers in adjoining rooms that this activity is going to take place.)

OBJECTIVE

At the conclusion of this enrichment activity the student will:

predict the probable effects of smoking.

observe/record results of an experiment.

MATERIALS NEEDED

Cigarette (or cigarettes)
"Smoker" (plastic squeeze bottle and tubing)
Cotton balls ("the lungs")
Matches
Small container of water (extinguisher)
Large clear plastic soda or milk containers
White index card
Clear tape

PROCEDURE

Say: We are going to smoke a cigarette in class today. Actually, we aren't going to smoke it (hold up the "smoker"); this "smoker" is. We are going to put a cotton ball into the plastic tube. (Point to the tube.) The cotton will represent the lungs, and we are going to see what will happen to it.

Distribute worksheets.

Say: I am going to pass around some cotton balls. I want you to use your senses of sight and smell to observe them. Record your observations on the worksheet.

Distribute cotton balls.

Allow time for observing and recording.

Set up the "smoker" while students are observing the cotton balls and recording their observations.

Say: Before we smoke the cigarette, I want each of you to predict what the cotton will look and smell like after we smoke the cigarette. Record your predictions on the worksheet.

Allow time for predicting and recording.

Say: Now that you have recorded your predictions, let's see what does happen to the cotton ball lungs.

Have the class gather around you so that they can watch what happens.

Light the cigarette.

Carefully slip the clear plastic container over the cigarette and tubing.

Smoke the cigarette by squeezing and releasing the "smoker". When the cigarette is close to the filter, take off the plastic container and cap it. Extinguish the cigarette.

Hold up the smoker so that the students can see it.

Ask: What happened to our cotton lungs?

Push the cotton out of the tube. (A pencil works well.) Pull the cotton apart and tape it to a white index card.

While the students are still gathered around, have them take a close look at the cotton and smell it.

Say: You have all had a chance to see and smell the cotton after the cigarette was smoked. Now I want you to return to your seats and record your observations on your worksheet.

Allow time for recording of observations.

Hold up the card with cotton taped on it.

Say: You have all had a chance to see and smell what the smoke from just one cigarette did to the cotton ball.

Ask: What do you think the cotton ball would look like if we smoked 10 cigarettes?

(Note: You may want to smoke more cigarettes to see what happens. If you do, be sure to point out what happens to the plastic tubing. The tubing will turn yellow. You might ask the students, "If the cotton represents the lungs, what might the tube represent?" (The Trachea)

Ask: What do you think the cotton ball would look like if we smoked a pack of cigarettes everyday for a week?

Ask: What do you think the lungs of a person who has smoked a pack of cigarettes for a year must look like?

Ask: Who can summarize what we have learned from this experiment?

UNIT III - DRUGS THAT CAN HARM US
LESSON 9 - TOBACCO AND ITS EFFECTS ON THE HUMAN BODY
TRANSPARENCY #1

CIGARETTE SMOKING IS THE SINGLE MOST IMPORTANT ENVIRONMENTAL FACTOR CONTRIBUTING TO PREMATURE MORTALITY IN THE UNITED STATES.

Surgeon General of the United States

1979

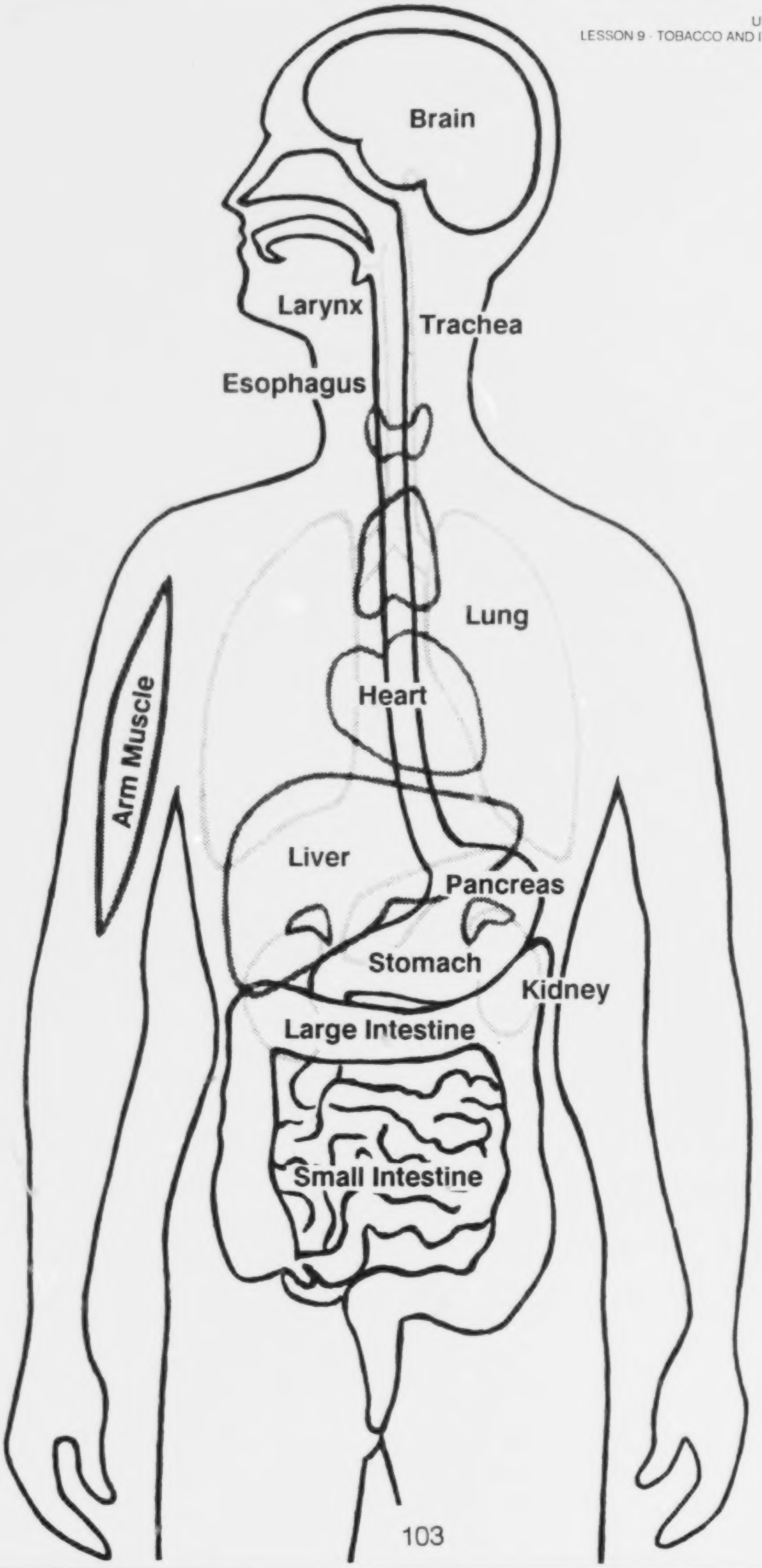
SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

WHAT'S IN TOBACCO SMOKE?

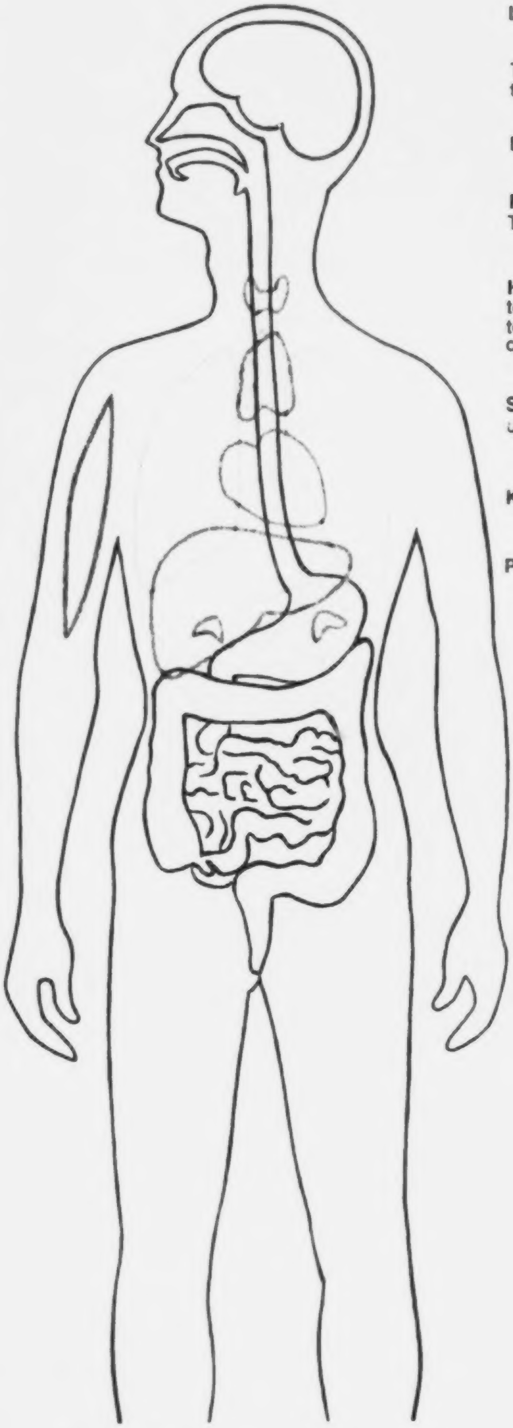
THERE ARE OVER 4000 DIFFERENT CHEMICALS FOUND IN TOBACCO SMOKE.

THREE OF THE MOST DANGEROUS ARE:

1. TAR
2. NICOTINE
3. CARBON MONOXIDE


Brain
Larynx
Trachea
Esophagus
Lung
Heart
Arm Muscle
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine

TOBACCO: PATHWAY & EFFECTS



LUNGS - The tar in tobacco smoke can cause cancer and emphysema.

TRACHEA - The tar in tobacco smoke damages the cilia which clean the respiratory tract.

LARYNX - Cigarette smoke can cause cancer of the larynx.

MOUTH - Tobacco juice and smoke can cause cancer of the mouth. Tobacco juice can cause serious damage to the gums and teeth.

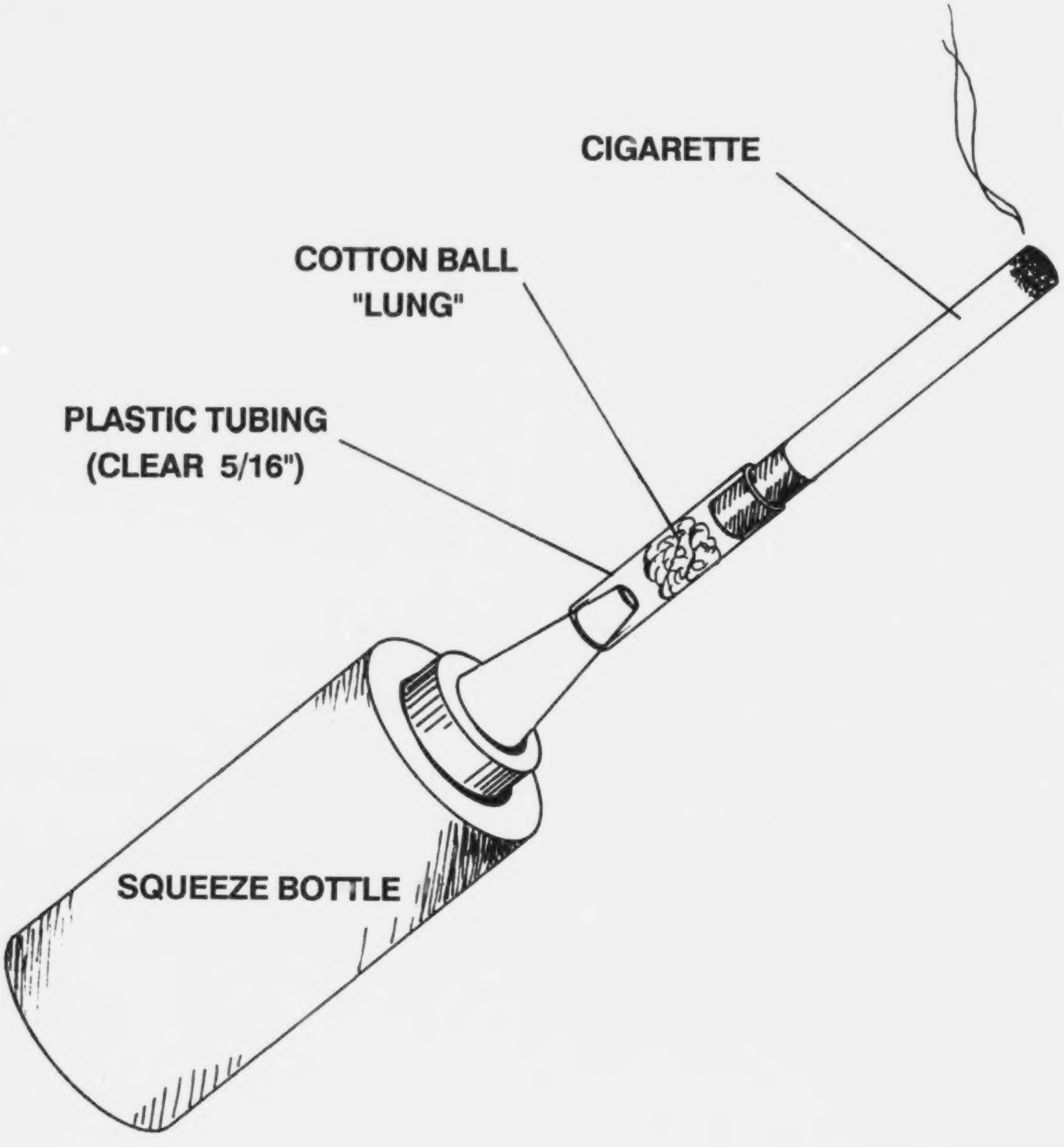
HEART - The nicotine in tobacco juice and smoke causes the heart to work harder which can cause heart attacks. Carbon monoxide in tobacco smoke reduces the amount of oxygen in the blood. This can cause heart attacks.

STOMACH - The nicotine in tobacco juice and smoke can cause stomach ulcers.

KIDNEYS - Use of tobacco increases the chance of cancer of the kidneys.

PANCREAS - Use of tobacco increases the chance of cancer of the pancreas.

THE "SMOKER"


CIGARETTE
COTTON BALL "LUNG"
PLASTIC TUBING (CLEAR 5/16")
SQUEEZE BOTTLE

CIGARETTE SMOKE
COTTON "LUNGS" OBSERVATIONS

	SMELL	SIGHT
BEFORE OBSERVATIONS		
PREDICTIONS		
AFTER OBSERVATIONS		

LESSON 10:
ALCOHOL AND ITS EFFECTS ON THE HUMAN BODY

LESSON OVERVIEW

Alcohol is one of the most commonly used drugs. Alcohol causes about 240,000 deaths in the United States each year. In California, alcohol is a factor in over 2,000 traffic deaths and over 40,000 traffic injuries each year. All of these deaths and injuries were due to the effects the drug alcohol has on the human body. This lesson will provide students with information on the pathway that alcohol takes in the human body and the effects it has on body organs.

LESSON OBJECTIVES

The student will:

describe the path that alcohol takes in the body.

name the body parts affected by alcohol.

explain the damage that alcohol can cause to human health.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Alcohol: Pathway and Effects" Master - worksheet (included)

Colored pencils

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

alcoholic:	a person suffering from alcoholism, an illness in which there is a strong desire to continue drinking alcoholic beverages

VOCABULARY: CONT'D.

anemia:	a condition in which a person's blood does not have enough red corpuscles or hemoglobin so that it does not carry a normal amount of oxygen
coordination:	working together smoothly
depressant:	a drug that slows down the activity of the body
detoxify:	to break down or change a substance making it less toxic or poisonous
equilibrium:	balance
fermenting:	causing a chemical change to take place in a substance
ulcer:	an open sore
yeast:	the substance that causes bread dough to rise and beer to ferment

ENRICHMENT OPTIONS

As a learning log entry, the students could write a paragraph on the effects alcohol has on a specific organ of the body.

Students could do library research or use encyclopedias to write a paragraph on alcoholism.

Students could interview local or state police officers to find out more about alcohol-related traffic accidents.

EVALUATION

Student participation in class discussion

Evaluation of student worksheets

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In the last lesson, we discussed the effects tobacco has on the human body. In this lesson, we are going to talk about alcohol, the most commonly used drug in the world. Alcohol is made by fermenting fruit juices and grains. Fermenting occurs when yeast, a microscopic fungus, is added to fruit or grain. The yeast cells "eat" the sugar in the fruit or grain and produce alcohol as a waste product.

It is believed the first alcoholic beverages were made in Mesopotamia about 5,000 years ago. Today, alcohol causes about 240,000 deaths each year in the United States. In California, alcohol is involved in over 2,000 traffic deaths and 40,000 traffic injuries each year. These deaths and injuries were due to the effects alcohol has on the human body. In this lesson we are going to discuss what alcohol does to the human body.

Distribute a worksheet and a colored pencil or crayon to each student.

Put transparency on projector.

Say: We are going to trace the path alcohol takes when it enters and as it travels through the human body. We also are going to discuss the effects it can have on the body organs with which it comes in contact. As I trace the path on the overhead, I want you to do the same on your worksheet. When I mention an organ that is listed on your worksheet, draw an arrow from the name to the proper organ.

Trace the path of alcohol from the mouth to the stomach.

Color in the stomach.

Say: Alcohol enters the body through the mouth and travels down the esophagus to the stomach. Some of the alcohol passes through the stomach wall into the bloodstream.

Trace the path from the stomach to the small intestine.

Color in the small intestine.

Say: Alcohol that isn't absorbed by the stomach passes into the small intestine.

Draw some arrows passing through the intestinal wall.

Say: Most of the alcohol enters the bloodstream from the small intestine. Alcohol reduces the absorption of food and vitamins needed by the body for good health. It also irritates the lining of the small intestine.

Draw an arrow from the small intestine to the heart.

Color in the heart.

Say: Once alcohol is in the bloodstream it is carried to the heart. The heart then pumps the alcohol, along with the blood, throughout the body. Alcohol causes a temporary increase in heartbeat and blood pressure. Due to the toxic or poisonous nature of alcohol, heavy drinking can result in a variety of heart disorders. In addition to the damage caused to the heart, alcohol also can damage the blood. Alcohol can cause enlarged red blood cells and anemia.

Draw an arrow from the heart to the arm muscle.

Color in the arm muscle.

Say: Heavy alcohol use can cause weakness of the skeletal muscles.

Draw an arrow from the heart to the kidneys.

Color in the kidneys.

Say: Alcohol increases the workload on the kidneys. The kidneys are organs that remove wastes from the blood. The kidneys filter the blood, removing dissolved wastes and excess water. Excess water and wastes leave the body in urine. Solid wastes are left-over food and leave the body through the large intestine.

Draw an arrow from the heart to the pancreas.

Color in the pancreas.

Say: Seventy-five percent of the people who have pancreatitis, a painful disease of the pancreas, are alcoholics. An alcoholic is a person addicted to alcohol. Alcohol use increases the chance of developing cancer of the pancreas. The pancreas produces important digestive enzymes. The pancreas also produces the hormone insulin which controls the use of sugars by the body.

Draw an arrow from the heart to the liver.

Color in the liver.

Say: The liver is the largest organ in the body. The liver has many functions. One of its most important functions is to detoxify poisonous or toxic substances. To detoxify a substance, the liver breaks it down or changes it into something less poisonous. Alcohol is toxic, or poisonous, to the human body. The liver detoxifies alcohol by changing it to carbon dioxide and water. This is a very slow process. The liver is only able to detoxify about one-half ounce per hour.

The liver can be severely damaged by alcohol use. The two most serious liver diseases are alcoholic hepatitis and alcoholic cirrhosis. Hepatitis is severe inflammation of the liver. In cirrhosis, the normal liver cells are destroyed and replaced by scar tissue. Both hepatitis and cirrhosis can result in death.

Draw an arrow from the heart to the brain.

Color in the brain.

Say: Of all the body's organs, alcohol has its greatest and most immediate impact on the brain. As you know, the brain is the control center for the body. Let's find out some of the many ways alcohol affects the brain.

1. **Alcohol distorts all of the body's senses**. For example, alcohol causes a person's vision to be blurred.

Ask: If a person's senses are not functioning properly, what are some problems or dangerous situations that person may encounter?

(Note to teacher: You may want to write "Distorted Senses" on the chalkboard or overhead and list student responses under it.)

2. **Alcohol decreases muscle coordination and causes a loss of equilibrium**. Alcohol prevents a person's muscles from functioning properly. That is why a person who is under the influence of alcohol will have trouble walking or keeping his balance.

Ask: What are some other activities that would be difficult or dangerous for a person who is under the influence of alcohol?

(Note to teacher: You may want to write "Decreased Coordination and Balance" on the chalkboard or overhead and list student responses under it.)

3. **Alcohol causes a person's thinking to be unclear**. If a person's thinking is unclear, he/she may try to do something dangerous which could result in death or injury.

Ask: What are some dangerous things a person might do if his/her thinking is unclear?

(Note to teacher: You may want to write "Unclear Thinking" on the chalkboard or overhead and list student responses under it.)

4. **Too much alcohol can cause death**. Alcohol is a depressant. A depressant is a drug that slows down the activity of the body. If too much alcohol is consumed at one time, the brain can shut down the respiratory and/or circulatory system which results in death.

Say: Let's review what we have learned today. Look at the overhead or your diagram of the body.

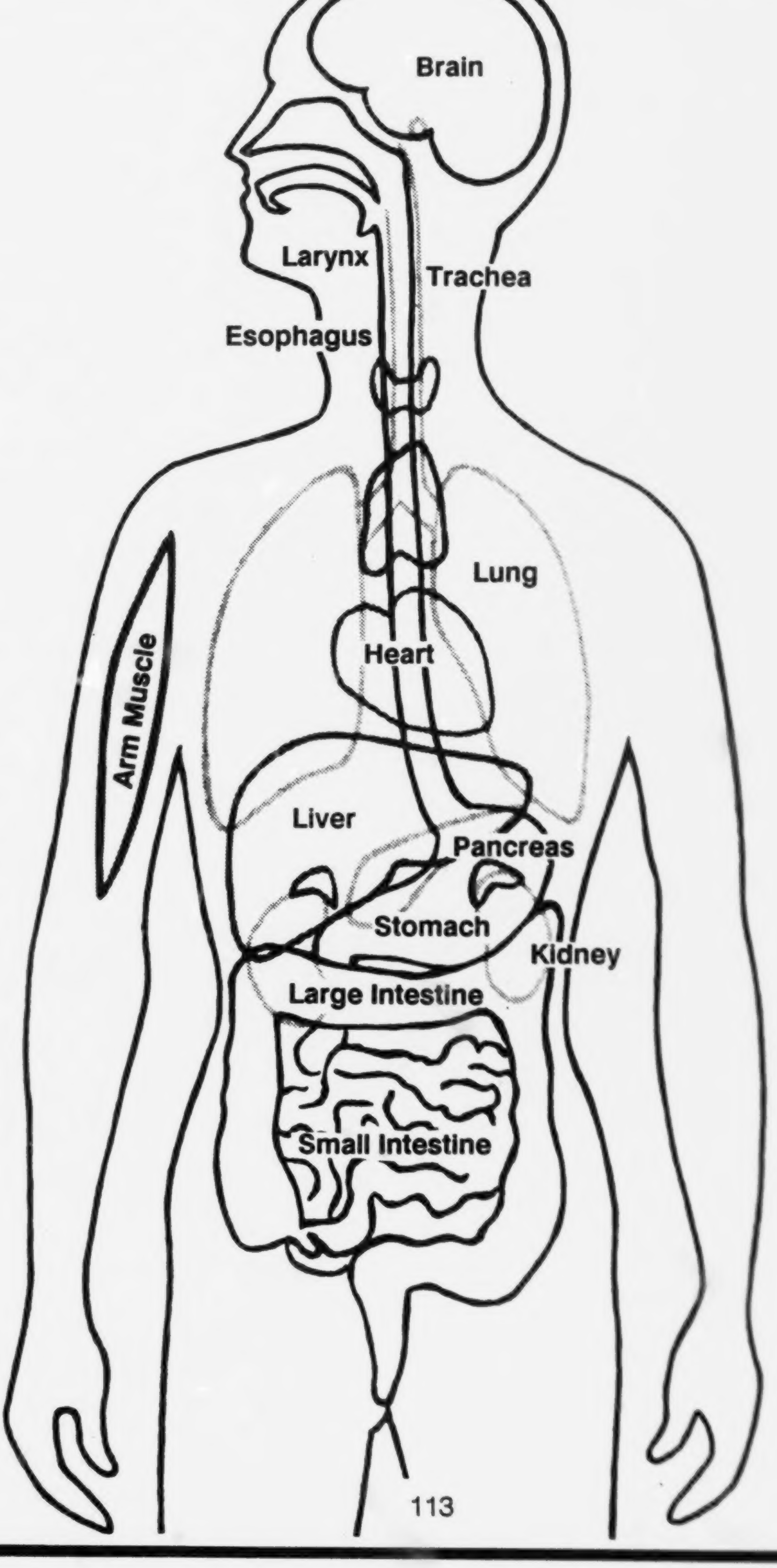
Ask: What organs does alcohol affect?

(The lesson identifies the following organs as being affected: 1. Blood, 2. Brain, 3. Heart, 4. Kidneys, 5. Liver, 6. Muscles, 7. Pancreas, 8. Small intestines, 9. Stomach.)

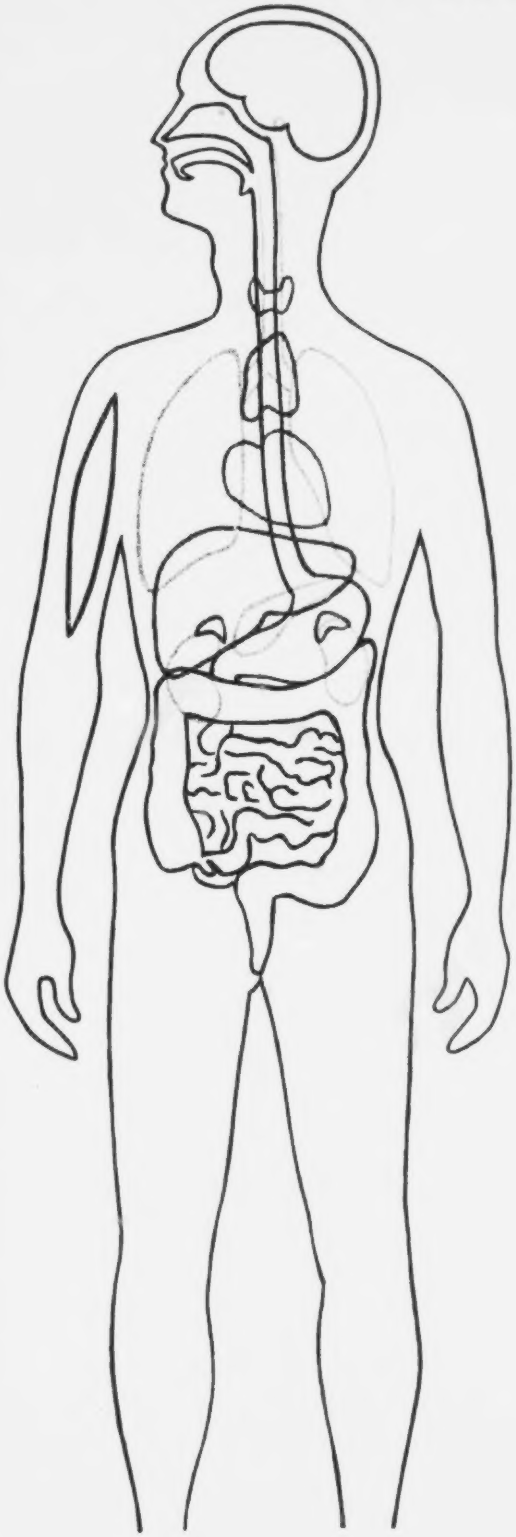
Ask: If any of these organs are severely damaged, what could happen to you?

Say: Alcohol can severely damage an adult's body or even cause death.

Ask: Why would alcohol be even more dangerous to a young person's body?


Brain
Larynx
Trachea
Esophagus
Lung
Arm Muscle
Heart
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine

ALCOHOL: PATHWAY AND EFFECTS



LIVER - Detoxifies alcohol (changes it to carbon dioxide and water) but very slowly (only 1/2 ounce per hour). The liver can be severely damaged (even resulting in death) by heavy drinking due to Alcoholic Hepatitis and Alcoholic Cirrhosis. Alcohol increases the chance of developing liver cancer.

HEART - Pumps alcohol, along with blood, throughout the body. Alcohol causes a temporary increase in heartbeat and blood pressure. Heavy drinking can result in a variety of heart disorders.

STOMACH - Some alcohol passes through the stomach wall and into the bloodstream. Alcohol changes the acid secretion causing irritation to the stomach wall which causes stomach problems and ulcers. Alcohol increases the chance of developing stomach cancer.

SMALL INTESTINE - Location where most of the alcohol enters the bloodstream. Alcohol reduces absorption of food and vitamins by small intestine. Alcohol also irritates the lining of the small intestine.

BRAIN - Alcohol carried here by bloodstream until liver detoxifies it. Since the brain is the body's control center, alcohol has the following effects:

1. Distorts all of the body's senses.
2. Decreases muscle coordination and causes a loss of equilibrium.
3. Causes unclear thinking.
4. Can cause death.

Heavy drinking can permanently impair brain function.

KIDNEYS - Alcohol increases the work load of the kidneys.

MUSCLES - Heavy alcohol use can cause weakness of skeletal muscles.

BLOOD - Alcohol can cause enlarged red blood cells and anemia.

PANCREAS - 75% of the people who suffer from pancreatitis, a disease of the pancreas, are alcoholics. Alcohol use also increases the chances of developing cancer of the pancreas.

LESSON 11:
MARIJUANA AND ITS EFFECTS ON THE HUMAN BODY

LESSON OVERVIEW

A survey, completed in 1986 for the California State Attorney General's Office, reported that 9.7% of the seventh graders, 32.2% of the ninth graders, and 42.1% of the eleventh graders had used marijuana at least once in the previous six months. Despite these frightening numbers, even more disturbing is the fact that, according to the survey, 5.2% of California's high school freshmen and 7.4% of the juniors use marijuana at least once a day. These figures show that marijuana is the drug most frequently used by high school students, and while these percentages are low, they convert to thousands of teenagers who are using marijuana on a daily basis. Students, therefore, need to be made aware of the damage which marijuana can cause to human health.

This lesson will provide students with information on the pathway marijuana takes in the human body and the effects it has on the body organs.

LESSON OBJECTIVES

The student will:

describe the path marijuana takes in the body.

state the body parts affected by marijuana.

explain the damage marijuana can cause to human health.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

Colored pencils

"Marijuana: Pathway and Effects" Master - worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

adolescent:	a person growing up from childhood to adulthood, especially a person from about 12 to about 20 years of age
hallucination:	seeing or hearing things around one that are not really there at all
hormone:	a substance found in certain glands which enters the bloodstream and affects or controls the activity of some organ or tissue
leucocytes:	any of the small, white cells in the blood that kills germs; white corpuscles
soluble:	capable of being dissolved or made into liquid

ENRICHMENT OPTIONS

See the "Visual Teaching Simulation Activity" at the end of this lesson.

As a log entry, students could write a paragraph explaining why amotivational syndrome could be especially harmful to a young person.

EVALUATION

Teacher observation

Review of student worksheets

Class discussion

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In past lessons, we learned about the effects tobacco and alcohol have on the human body. In this lesson we are going to find out what marijuana does to the human body.

Marijuana comes from a plant with the scientific name Cannabis sativa. The chemical found in marijuana that has the greatest impact on the human body has a very long name, delta-9-tetrahydrocannabinol. Since the name is so long, it is usually abbreviated as THC.

(Note: You might want to write on the board or overhead: delta- 9-tetrahydrocannabinol = THC).

Say: The chemical THC is fat soluble. This means that it is stored in the fatty tissues of the brain, reproductive organs, liver, kidneys, and lungs. Marijuana's active ingredient, THC, remains in the body much longer than alcohol. Alcohol is water soluble and is excreted from the body within hours, but it takes a month for all the THC from one marijuana cigarette to be excreted from the body.

Distribute a worksheet and a colored pencil to each student.

Put transparency on projector.

Say: We are going to trace the path marijuana takes when it enters and travels through the human body. We also are going to discuss the effects it can have on the body organs with which it comes in contact. As I trace the path on the overhead, I want you to do the same on your worksheet. When I mention an organ that is listed on your worksheet, draw an arrow from the name to the proper organ.

Trace the path of marijuana from the mouth to the lungs.

Color in the lungs.

Say: Marijuana typically enters the body as smoke. It travels from the mouth through the trachea to the lungs. The chemicals found in marijuana pass from the lungs into the bloodstream. Scientists are not absolutely sure what impact marijuana has on the lungs because there hasn't been enough research done on marijuana yet and because many marijuana users also smoke cigarettes. However, scientists do know that marijuana smoke contains as much as 70% more of the cancer causing chemicals than the strongest cigarettes.

Draw an arrow from the lungs to the heart.

Color in the heart.

Say: Once marijuana is in the bloodstream, it is carried to the heart. The heart then pumps the chemicals found in marijuana throughout the body. Marijuana causes the heart to beat almost twice as fast. It also increases the blood pressure and decreases the amount of blood flow to the heart muscle. This can be extremely dangerous to athletes and people with heart conditions or high blood pressure.

Ask: Why do you think smoking marijuana would be especially dangerous to an athlete?

Draw an arrow from the heart to the brain.

Color in the brain.

Say: Marijuana, like alcohol, has its greatest impact on the brain. Since the brain is the control center, any changes in normal brain activity can cause serious problems. Some of the important brain activities that marijuana interferes with are:

1. **Marijuana decreases a person's coordination and visual tracking ability**. Tracking is the ability to follow a moving object with your eyes. Poor tracking and reduced coordination would make riding your bike on a busy street or batting against a fast pitcher very dangerous.

Ask: What are some other activities that would be dangerous if a person's coordination and visual tracking abilities are decreased?

(Note: You may want to write "Coordination and Tracking" on the board or overhead and list student responses under it).

2. **Marijuana causes memory loss and affects learning**. Research shows that marijuana affects a person's short-term memory. This means that marijuana can cause a person to forget things that have happened recently. For example, a person may not be able to remember how to do the math problems the teacher explained just a few hours earlier.

Ask: Can you think of some examples of how short-term memory loss can affect your learning? How can short-term memory loss affect the way a person performs on the job?

(Note: You may want to write "Memory Loss" on the board or overhead and write student responses under it).

3. **Marijuana affects a person's ability to make decisions**. To make good decisions a person must be able to think clearly. Marijuana can cause confusion. When we are confused, decision-making can be very difficult, if not impossible.

Ask: Imagine that a person is crossing the street and that a speeding car is coming right at him/her. Why would not being able to make a decision be dangerous in this situation?

Ask: What are some other situations when not being able to make a decision would be dangerous?

(Note: You may want to write "Decision Making" on the board or overhead and write student responses under it).

4. **Marijuana can cause hallucinations.** Hallucinations occur when a person sees, hears, smells, feels, or tastes things that don't really exist or appear much different than they really are. For example, a person may be looking at a good friend but see a horrible monster.

5. **Marijuana can change a person's behavior.** Psychologists refer to one of the more common changes as amotivational syndrome. On the street, change in behavior is referred to as burnout. This change is characterized by a loss of energy, a lack of motivation, and a loss of interest in school. For example, the grades of a really good student who starts using marijuana may drop; not only might his/her grades drop, but the person wouldn't care.

Draw an arrow to the box labeled "body defenses".

Color in the box.

Say: Marijuana has been shown to weaken the body's defenses by damaging white blood cells. The white blood cells or leucocytes are the blood cells which produce disease-fighting substances and attack disease-causing organisms in the body. Marijuana prevents the leucocytes from reacting the way they should. As a result, a person is much more likely to contract diseases.

Draw an arrow to the box labeled "hormones".

Color in the box.

Say: Hormones are substances produced by the glands of the endocrine and reproductive systems. Hormones control the activities of certain tissues and organs in the body. Some of the most important hormones to adolescents are the hormones produced by the endocrine glands of the reproductive system which cause boys to become men and girls to become women. There is evidence showing that marijuana reduces the production of these hormones which can cause a boy's muscles not to develop properly and the sex organs of both boys and girls not to function properly.

Say: Let's review what we've learned today. Look at the overhead or your diagram of the body.

Ask: What organs or systems are affected by marijuana use?

The lesson identifies the following organs or systems as being affected by marijuana:

Body defenses

Brain

Endocrine system

Heart

Lungs

Reproductive system

Ask: If any of these organs or systems are severely damaged, what could happen to you?

Say: Marijuana can cause many problems to an adult's body.

Ask: Why do you think marijuana use is even more dangerous to a young person's body?

ENRICHMENT OPTIONS: "VISUAL TEACHING SIMULATION" ACTIVITY

LESSON OVERVIEW

Marijuana decreases a person's visual tracking ability. This activity will simulate visual impairment by having the students try to catch a moving object (ping-pong ball) while having one eye blindfolded.

MATERIALS NEEDED

eye patches

ping-pong balls

PROCEDURE

Say: One of the dangerous effects of marijuana use is the way it decreases a person's ability to track or follow a moving object.

Today we are going to try an experiment that will simulate this effect. We are going to alter our ability to judge depth and then try to catch a moving object.

We are going to alter our vision by wearing a patch over one eye. The moving object we will try to catch is a ping-pong ball.

After trying to catch the ping-pong ball with the patch on, we will try it with both eyes open.

The difference between the number of catches made will tell us how big an impact closing or covering one eye had on our ability to judge depth.

Pair the students.

Distribute a patch to each student (or have students make their own using black paper and string).

Take the class outside and line up pairs in rows approximately 15 feet apart. Space students several feet apart in the rows so they won't interfere with each other.

Say: Put on your patch and close your eye behind the patch. For our experiment to be accurate, don't peek.

Say: I am going to distribute the ping-pong balls. When each pair has a ball, I will say "go". I want each person to toss the ball and catch the ball five times. Toss the ball underhand and use only one hand to catch the ball. Keep track of how many catches you and your partner make.

Distribute ping-pong balls.

Say: When each pair has completed ten throws, stop, take off the patches and then try the same thing with your eyes open. Keep track of how many catches are made with your eyes open.

Ask: Is everyone ready?

Say: Get set. Go.

When students have completed the two trials, take them back in the classroom.

Collect patches and balls.

Say: Now let's see what the results of our experiment are.

Write "one eye" and "two eyes" on the board.

Have pairs come up and write the number of catches made under the appropriate category.

Have students total categories.

Ask: Does a blind-fold make a difference in your ability to catch a ball?

Say: As you can see, altering your ability to judge distance, as you did by using the patches, can really impact on your ability to perform certain tasks.

Ask: Would you want to play catch with a hard ball while wearing a patch over one of your eyes? Why?

Would it be safe to ride your bike in traffic while wearing a patch? Why?

Say: Since marijuana can impair your vision, what kinds of activities would be dangerous for someone under the influence of marijuana?

MARIJUANA: PATHWAYS & EFFECTS

HEART - Pumps the chemicals found in marijuana throughout the body. Marijuana causes the heart to beat faster, increases blood pressure, and decreases blood flow to the heart muscle.

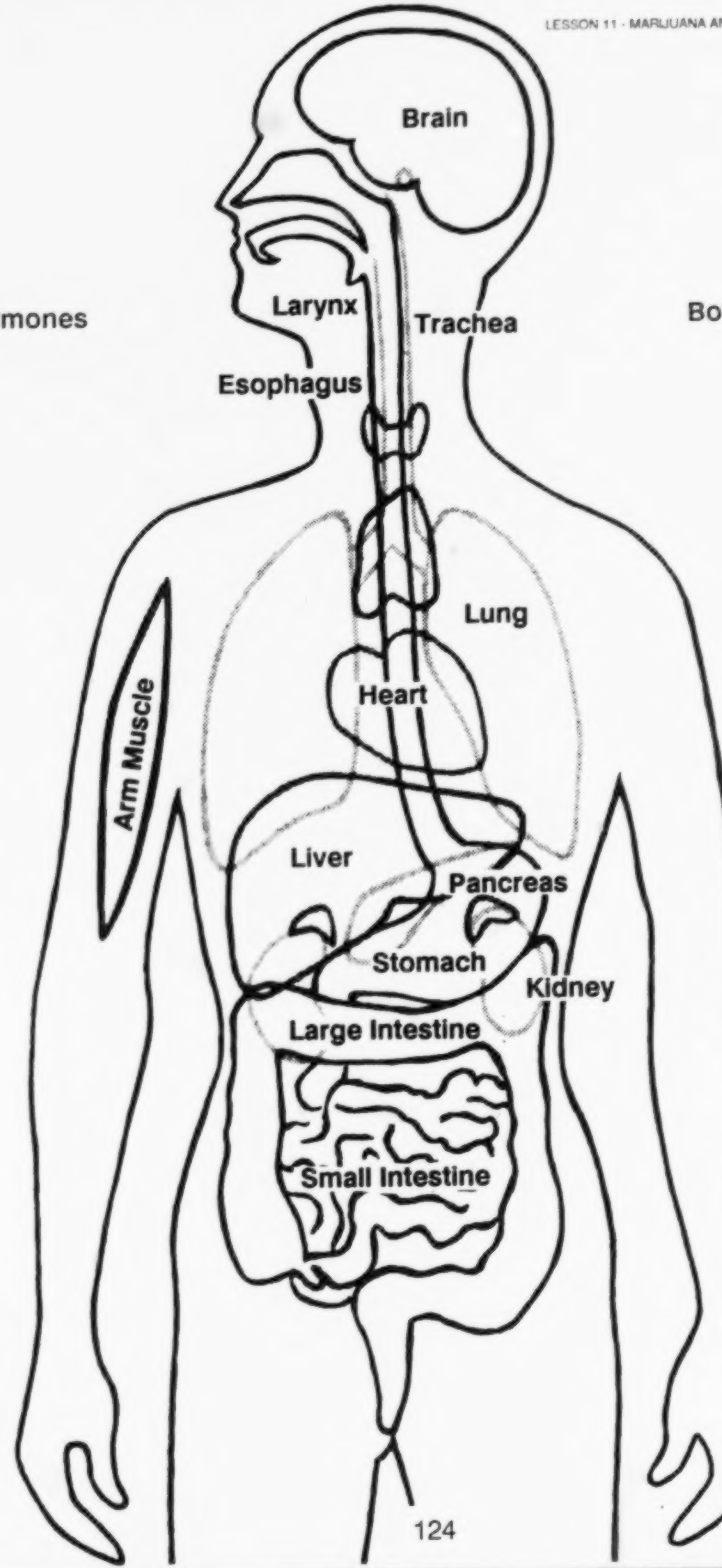
BRAIN - Since the brain is the body's control center, marijuana can have the following effects:

1. Marijuana decreases a person's coordination and tracking abilities.
2. Marijuana causes memory loss and affects learning.
3. Marijuana interferes with a person's ability to make decisions.
4. Marijuana can cause hallucinations.
5. Marijuana can change a person's behavior.

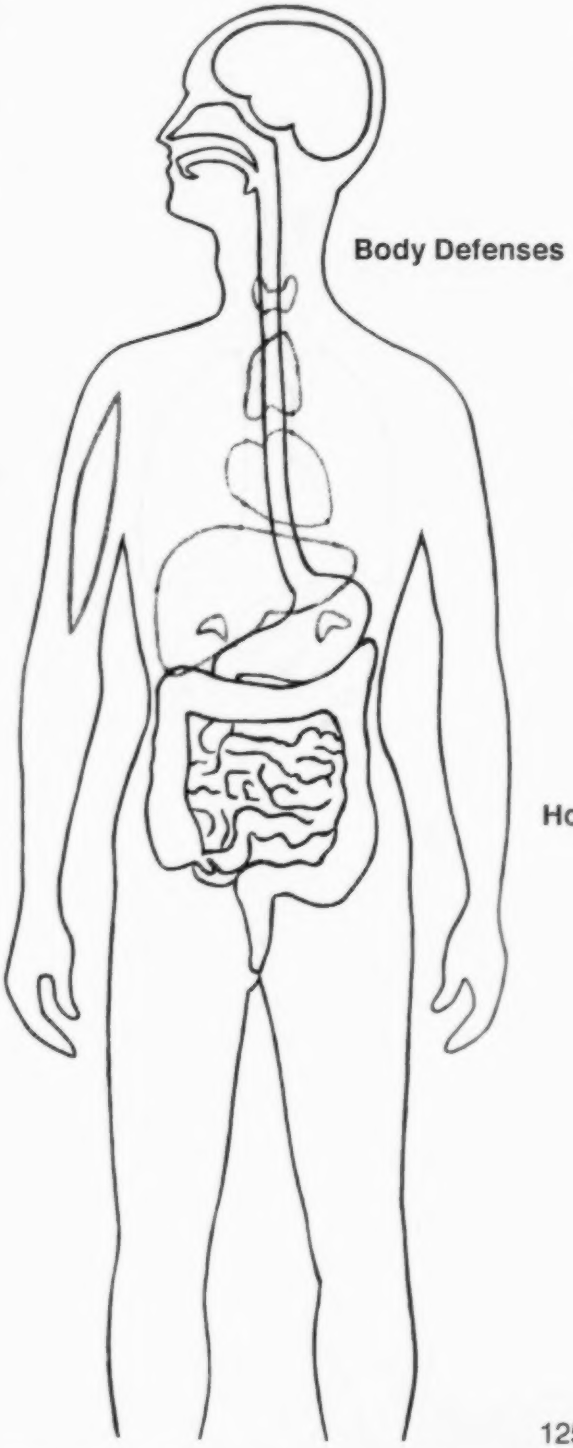
HORMONES - Marijuana can reduce hormone production and prevent muscles and sex organs from developing and functioning properly.

LUNGS - Chemicals found in marijuana enter the bloodstream through the lungs. Marijuana smoke contains more cancer-causing chemicals than the strongest cigarettes.

BODY DEFENSES - Leucocytes or white blood cells fight disease organisms. Marijuana prevents white blood cells from functioning properly.


Brain
Hormones
Larynx
Trachea
Body Defenses
Esophagus
Lung
Heart
Arm Muscle
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine

MARIJUANA: PATHWAY AND EFFECTS



HEART - Pumps the chemicals found in marijuana throughout the body. Marijuana causes the heart to beat faster, increases blood pressure, and decreases blood flow to the heart muscle.

BRAIN - Since the brain is the body's control center, marijuana can have the following effects:

1. Marijuana decreases a person's coordination and tracking abilities.
2. Marijuana causes memory loss and affects learning.
3. Marijuana affects a person's ability to make decisions.
4. Marijuana can cause hallucinations.
5. Marijuana can change a person's behavior.

HORMONES - Marijuana can reduce hormone production.

LUNG - Chemicals found in marijuana enter the bloodstream through the lungs. Marijuana smoke contains more cancer-causing chemicals than the strongest cigarettes.

BODY DEFENSES - The leucocytes or white blood cells fight disease organisms. Marijuana causes them to not function properly.

LESSON 12:
OTHER HARMFUL DRUGS

LESSON OVERVIEW

In this lesson, students will learn about five major categories of harmful drugs and their effects on the human body. Students also will learn why people use drugs and how they can become dependent upon them.

The importance of making students in the intermediate grades aware of the dangers involved in the use of drugs was highlighted by a 1986 survey of drug use among California students. That survey, conducted by the California Attorney General's Office, revealed that by age twelve, 8.8% of California's students have been intoxicated at least once by a drug other than alcohol.

LESSON OBJECTIVES

The student will:

explain why people who use drugs become dependent upon them.

distinguish between physical and psychological dependence.

identify five major categories of harmful drugs.

explain why the drugs in each of five major drug categories are harmful.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

coma: a condition like a deep, long sleep

VOCABULARY: CONT'D.

depressant:	something which makes one sad, gloomy, discouraged, and less active; a drug that slows down, or depresses, the activities of the central nervous system
euphoria:	a feeling of well-being or joy that is groundless or inappropriate to one's life situation
hallucinogen:	a substance that causes one to see or hear things that are not really there
inhalant:	something that is breathed into the lungs as a vapor
narcotic:	a drug that makes one feel dull and can lessen pain
dependence:	relying on something or someone for support or help
stimulant:	drug or medicine that speeds up the activity of the body, or some part of the body, for a short time
tolerance:	the power of the body to keep a drug from working

ENRICHMENT OPTIONS

As a learning log entry, the students could list five categories of harmful drugs and explain why they are dangerous.

Students could write a short story about an athlete or a young person who became involved with illegal drugs.

EVALUATION

Teacher observation.

Student responses to questions in the oral review.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

While information on five major categories of drugs and drug dependence is presented in this lesson, the primary objective of this lesson is not the acquisition of this information. The primary objective of this lesson is for the student to be left asking the question: "Why do people use drugs?" Students should ask the question not in a curious or wanting to know more manner, but in a "How could anyone even consider using drugs?" manner.

While the students should be aware of the five major categories of drugs presented in this lesson, the use of these drugs should not be glamorized. In the presentation of the five categories, some of the street names for the drugs will be introduced. Since the street names can sound exciting and/or glamorous, they should not be emphasized in the lesson.

Say: In the past three lessons, we have discussed the three most commonly used drugs: tobacco, alcohol, and marijuana. In those lessons we talked about the damage these drugs can do to the body. In today's lesson we are going to talk about some other harmful drugs that damage the human body. Before we do that, I want to talk briefly about why people continue to use drugs even though they know that drugs damage the body. The reason is that after people use drugs for awhile, they become dependent on them. How long this takes depends on the person's mental state and his or her body chemistry. Age is also an important factor; research shows that young people become drug dependent much faster than adults.

Ask: What do you think the word dependent means?

Help students understand that dependent means to need.

Put "drug dependence" (transparency #1) on the overhead projector. Read and discuss this transparency with the students as they follow along.

Put "physical dependence" (transparency #2) on the overhead projector. Read and discuss this transparency with the students as they follow along.

Put "psychological dependence" (transparency #3) on the overhead projector. Read and discuss this transparency with the students as they follow along.

Say: While a person is becoming dependent on a drug, the body is developing tolerance to the drug.

Put "tolerance" (transparency #4) on the overhead projector. Read and discuss this transparency with the students as they follow along.

Say: When a person's body has developed tolerance for a drug, using the drug becomes more and more dangerous. When a person first starts taking a drug, only a small amount is needed to feel the drug's effects. As tolerance is developed, more and more of the drug is needed for the effects to be felt. As a person takes more and more of the drug, the chance of damage to the body becomes greater. The chances of overdose and death also increase.

Put "drug categories" (transparency #5) on the overhead projector.

Say: In the last three lessons, we have talked about the damage tobacco, alcohol, and marijuana can do to the human body. While these drugs are the most commonly used, they are not the only dangerous drugs. The five categories of drugs you see on the overhead are even more dangerous to the human body.

Read the five categories on the overhead.

Say: Now let's discuss each of the five drug categories. Let's find out just how dangerous they can be.

Put each drug category transparency on the overhead projector. Read each transparency to the students as they follow along. Discuss each category as much as you feel appropriate.

Say: We have discussed five categories of drugs. All of the drugs we have discussed are extremely harmful to the body. They are all harmful even when they are pure.

Ask: Is there any guarantee that the drugs purchased on the street are pure? Is there any governmental agency that makes sure that what is sold on the street doesn't contain toxic or poisonous chemicals mixed in with the drugs?

Say: A person who uses drugs has no idea what else might be mixed in with them.

Say: Let's review the most important things we have learned today.

Ask: Who can explain why people who use drugs become dependent upon them?

Say: We have learned about five kinds or categories of harmful drugs.

Ask: Who can tell us what depressants are and why they are harmful to the body?

Ask: Who can define a hallucinogen? Who will explain the dangers involved in the use of hallucinogens?

Ask: What are inhalants? Why is the use of inhalants dangerous?

Ask: What are narcotics? Why are narcotics harmful?

Ask: What happens when someone uses stimulants? Why are stimulants dangerous?

DRUG
DEPENDENCE

WHEN THE BODY AND/OR MIND NEEDS DRUGS TO FUNCTION.

THERE ARE TWO KINDS OF DRUG DEPENDENCE:

1. PHYSICAL
2. PSYCHOLOGICAL

PHYSICAL DEPENDENCE

PHYSICAL DEPENDENCE OCCURS WHEN DRUG USE CHANGES THE BODY'S CHEMISTRY AND THE DRUG MUST BE TAKEN FOR THE BODY TO FUNCTION.

IF THE DRUG IS NOT PRESENT IN THE BODY, THE PERSON BECOMES ILL. THIS IS CALLED WITHDRAWAL SICKNESS. SYMPTOMS INCLUDE PAIN, VOMITING, SHAKING, AND SWEATING.

PHYSICAL DEPENDENCE IS ALSO CALLED ADDICTION.

PSYCHOLOGICAL DEPENDENCE

PSYCHOLOGICAL REFERS TO THE MIND.

IN PSYCHOLOGICAL DEPENDENCE, THE MIND CRAVES THE DRUG. DRUG USE HAS BECOME A VERY STRONG HABIT.

A PERSON WHO IS PSYCHOLOGICALLY DEPENDENT IS UNABLE TO FUNCTION WITHOUT THE DRUG.

TOLERANCE

THE BODY'S CELLS CAN BECOME USED TO DRUGS BEING PRESENT. WHEN THIS HAPPENS, MORE AND MORE OF THE DRUGS ARE REQUIRED FOR THEIR EFFECTS TO BE FELT.

THIS IS CALLED DEVELOPING TOLERANCE FOR THE DRUG.

ALERT

HARMFUL DRUGS

1. DEPRESSANTS
2. HALLUCINOGENS
3. INHALANTS
4. NARCOTICS
5. STIMULANTS

DEPRESSANTS

A DEPRESSANT IS A DRUG THAT SLOWS DOWN OR DEPRESSES THE ACTIVITIES OF THE CENTRAL NERVOUS SYSTEM.

DEPRESSANTS CAN CAUSE DIFFICULTY IN WALKING AND TALKING AND CAN CAUSE VISION TO BE DISTORTED.

LARGE DOSES CAN CAUSE A PERSON TO STOP BREATHING, LAPSE INTO A COMA (UNCONSCIOUSNESS) AND DIE.

USING DEPRESSANTS AND ALCOHOL TOGETHER IS EXTREMELY DANGEROUS. THEY ARE BOTH DEPRESSANTS AND WHEN USED TOGETHER THEIR EFFECTS ARE MULTIPLIED. DEPRESSANTS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE.

EXAMPLE	STREET NAMES
BARBITUATES	DOWNERS RED DEVILS YELLOW JACKETS
METHAQUALONE	QUAALUDES LUDES SOPORS

UNIT III - DRUGS THAT CAN HARM US
LESSON 12 - OTHER HARMFUL DRUGS
TRANSPARENCY #7

HALLUCINOGENS

A HALLUCINOGEN IS A DRUG THAT CAUSES A PERSON'S SENSES TO BE DISTORTED. THIS MEANS THAT THE BRAIN SEES, HEARS, SMELLS, OR FEELS THINGS DIFFERENTLY THAN THEY REALLY ARE.

HALLUCINOGENS CAN CAUSE A LACK OF COORDINATION, VOMITING, AND BRAIN DAMAGE.

LARGE DOSES CAN CAUSE CONVULSIONS, COMA, HEART AND LUNG FAILURE, AND DEATH.

HALLUCINOGENS CAUSE PSYCHOLOGICAL DEPENDENCE AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
PHENCYCLIDINE	PCP ANGEL DUST
LYSERGIC ACID DIETHYLAMIDE	LSD ACID GREEN DRAGON

INHALANTS

INHALANTS ARE VAPORS (GASES) FROM A VARIETY OF SUBSTANCES THAT ARE INHALED INTO THE LUNGS.

INHALANTS CAN EITHER STIMULATE OR DEPRESS THE CENTRAL NERVOUS SYSTEM.

INHALANTS CAN PERMANENTLY DAMAGE THE CENTRAL NERVOUS SYSTEM AS WELL AS THE HEART, LUNGS, LIVER, AND KIDNEYS.

DEEPLY INHALING THE VAPORS OR USING LARGE AMOUNTS CAN CAUSE CONVULSIONS AND DEATH.

EXAMPLE	STREET NAMES
AMYL NITRITE	POPPERS SNAPPERS
HYDROCARBONS	GLUE PAINT THINNER

UNIT III - DRUGS THAT CAN HARM US
LESSON 12 - OTHER HARMFUL DRUGS
TRANSPARENCY #9

NARCOTICS

MOST NARCOTICS ARE MADE FROM THE MILKY JUICE OF THE OPIUM POPPY SEED POD. FOR THIS REASON, NARCOTICS ARE OFTEN REFERRED TO AS OPIATES.

NARCOTICS ARE USUALLY INJECTED INTO THE BODY. BECAUSE OF THIS, NARCOTIC USERS OFTEN SUFFER FROM DISEASES CAUSED BY USING CONTAMINATED NEEDLES.

NARCOTICS CAUSE A FEELING OF EUPHORIA (A FEELING OF HAPPINESS) THAT IS FOLLOWED BY DROWSINESS AND NAUSEA.

LARGE DOSES CAN CAUSE CONVULSIONS, COMA, AND DEATH.

NARCOTICS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
HEROIN	SMACK HORSE
OPIUM	BLACK STUFF TAR

STIMULANTS

A STIMULANT IS A DRUG THAT SPEEDS UP THE ACTIVITY OF THE CENTRAL NERVOUS SYSTEM.

STIMULANTS CAUSE THE HEART TO BEAT FASTER AND THE BREATHING RATE AND BLOOD PRESSURE TO INCREASE.

STIMULANTS CAN CAUSE HEART AND LUNG FAILURE, AND DEATH.

STIMULANTS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE, AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
AMPHETAMINES	SPEED UPPERS HEARTS
COCAINE	COKE SNOW CRACK

LESSON 13:
ADVERTISING: HOW IT INFLUENCES OUR BEHAVIOR

LESSON OVERVIEW

Advertising influences the choices and behaviors of all age groups. This lesson will help students develop a greater awareness of how advertising affects their lives. Group discussion activities will be followed by an opportunity for students to create public service advertisements that either discourage the use of tobacco, alcohol, and drugs; promote the safe use of prescription and over-the-counter medications; or advise the use of safety belts.

LESSON OBJECTIVES

The student will:

define an advertisement.

distinguish among the different forms of advertising.

explain the purpose of advertising.

analyze the appeal of selected advertisements.

distinguish between commercial and public service advertising.

create an original public service advertisement.

TIME REQUIRED

One to two class periods

MATERIALS

Overhead projector, pen and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

Paper

Pencils, crayons, markers, etc.

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

advertise:	to tell about a product or service in such a way as to make people want to buy it
commercial:	a paid advertisement on radio or television
format:	the general makeup or style of a publication or a television show
public service:	a service in the public interest; something done for the benefit of the community as a whole

ENRICHMENT OPTIONS

Students could find examples of commercial and/or public service advertisements which appeal to each of the human needs or desires listed on transparency #2.

Students could interview parents or neighbors to determine how advertising influences their buying habits, and report orally to the class, or record as a learning log entry.

EVALUATION

Teacher observation of class discussion.

Review of student-produced advertisements.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: Advertising influences the behavior of all age groups in our society. Billions of dollars are spent each year on advertising. A good portion of this advertising is done by alcohol and tobacco companies. Today we will take a close look at advertising and we will find out how advertising impacts our choices and our lives.

Ask: Who will try to define an advertisement?

After a brief discussion, lead students to a definition that approximates this one:

> A paid, public announcement that calls attention to a product, cause or service.

Using Transparency #1, record the definition at the top of the page.

Say: Advertising is part of our daily lives. For the next few minutes we will brainstorm the various ways or formats in which advertisements are presented to the public. For example, television is one format. Bumper stickers are another format. What other formats for advertising can you think of? As you brainstorm, I will record your answers on this transparency. (Use transparency #1)

The following are examples of formats which students might mention:

Television
Radio
Billboards
Bumper Stickers
Magazines
Flyers
Sky Writing
Posters
Newspapers
Catalogs

Ask: Why do you think that individuals and businesses pay to advertise?

Students should suggest these reasons:

Bring attention to a product
Sell a product
Give information

Ask: How much influence do you think advertisements have on you? For example, when you are ready to buy something, do particular brand names or slogans pop into your head?

Say: Let's play a name game to see whether or not advertising influences us. Each one of us should think of a slogan or a jingle commonly used in advertising today. Then let's see how many members of our class know the name of the product that slogan is advertising.

Say: Raise your hand when you have a slogan in mind. When I call on you, say the slogan loudly and clearly enough so everyone can hear. All those who recognize the product that the slogan advertises should raise their hands.

Here are some examples of slogans or jingles that students might suggest:

"Tastes great...Less filling" - Lite Beer from Miller

"Wouldn't you like to be a Pepper, too?" - Dr. Pepper

"For all you do..." - Budweiser

"Two all beef patties, special sauce..." - McDonald's

"Put down that Pudding Pop and answer this phone." - Jello

"Because so much is riding on your tires." - Michelin Tires

After the class has responded to the jingles, explain to the students that even though they feel advertisements do not influence them, they must be influenced if they recall specific products so quickly.

Say: Large corporations spend tremendous sums of money to get the public to recall the names of their products (for example, "Where's the Beef?"). One local 30 second commercial advertisement during the Bill Cosby show costs $1,000. During last year's World Series, one national 30 second commercial cost approximately $360,000.

Say: Advertisements are easy to recall because we are constantly exposed to them by the media. Since advertisements are found everywhere (newspapers, magazines, billboards, on television, radio and in movie theaters), we can be influenced by them even though we do not pay direct attention to them.

Say: Advertisements influence us by appealing to our human needs and desires.

Use transparency #2. Explain briefly each of the needs listed on that transparency. The teacher may wish to reveal the needs listed one at a time to focus attention and to avoid overwhelming the students with too much information at once.

Say: Let's see if we can analyze the various ways that advertisements appeal to our needs and desires. I will display some advertisements on the overhead.

Ask the students to respond to the questions which appear on the hard copy of each advertisement transparency #3 - #5.

Say: So far we have been looking at advertisements intended to sell products. Not all advertisements, however, attempt to influence us to buy products. I am going to display a few more advertisements on the overhead. These advertisements are called public service advertisements. Let's see if we can analyze them.

Ask the students to respond to the questions which are on the hard copy of each advertisement transparency #6 - #8.

Ask: How do these public service advertisements differ from the commercial advertisements we have examined?

Here are some differences between commercial and public service advertisements which students should be guided to perceive:

1. Public service ads do not offer anything for sale.
2. Public service ads often are paid for by non-profit organizations.
3. Public service ads paid for by businesses are in the community interest, but they also build good will for that business.
4. Public service ads are in the interest of health and safety and/or the community as a whole.

To conclude this lesson, have the students create their own public service advertisements using one of the following formats:

Radio Message/Jingle
Poster
Television Skit
Magazine or Newspaper Advertisement

Suggested topics are:

- Saying "no" to drugs, alcohol, and tobacco.
- Use of prescription and over-the-counter drugs safely.
- Using seat belts/car seats for infants.
- Contributing to your favorite charity.
- Caring for your pets.
- Staying in school: don't be a dropout.

DEFINITION

FORMATS

HOW ADVERTISEMENTS APPEAL TO OUR HUMAN NEEDS AND DESIRES

ADVERTISEMENTS TRY TO INFLUENCE US BY APPEALING TO OUR NEED TO:

BELONG

BE ATTRACTIVE

BE MORE GROWN UP/BE MORE YOUTHFUL

BE HEALTHY/PHYSICALLY FIT

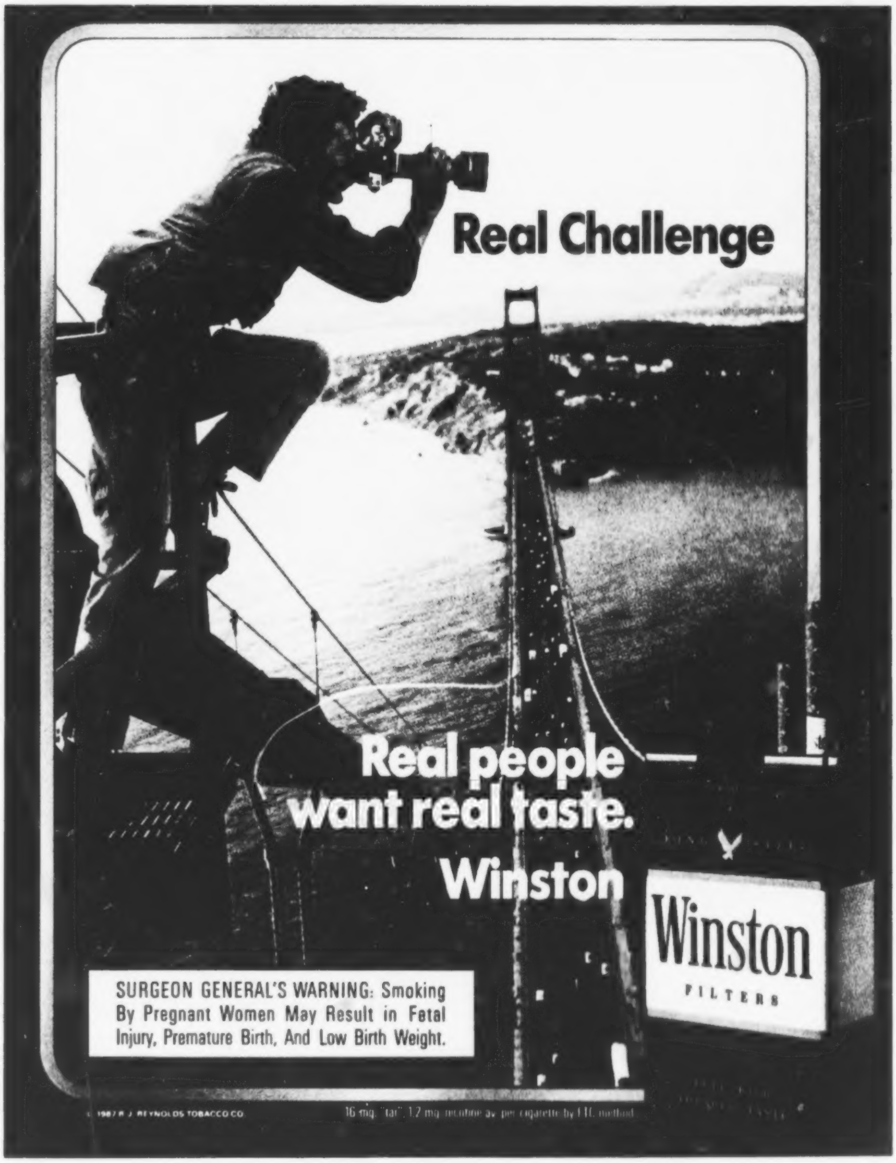
BE MORE ADVENTUROUS/DARING

HAVE FUN

BE SAFE/SECURE

BE INDEPENDENT

BE RESPONSIBLE



Real Challenge

Real people want real taste.

Winston

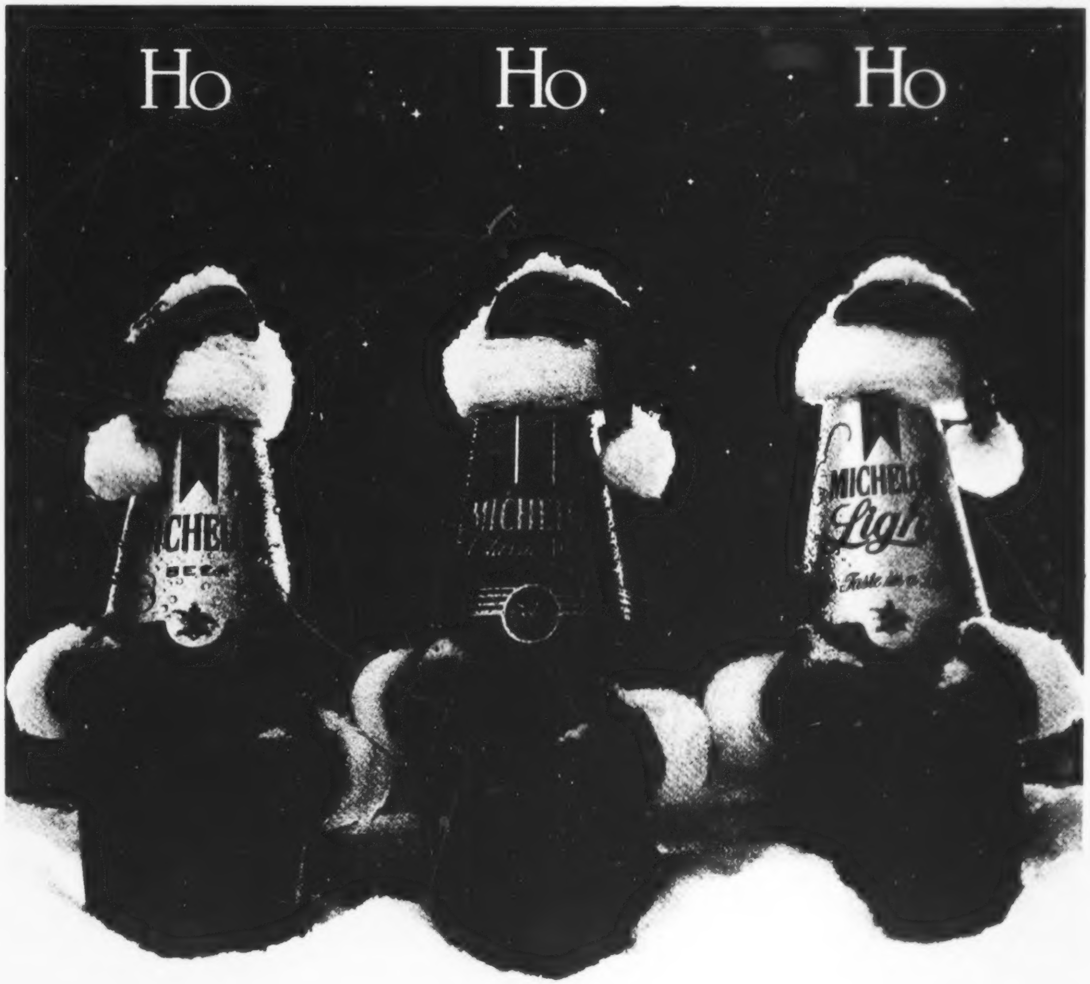
Winston FILTERS

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

© 1987 R. J. REYNOLDS TOBACCO CO.

16 mg. "tar", 1.2 mg. nicotine av. per cigarette by FTC method.

1. What product is being advertised?
2. Who is the target audience?
3. To what need or desire does this advertisement appeal?
4. Why do you think the word **real** is repeated in this advertisement?
5. Who is the Surgeon General?
6. Why do you think this warning is directed to pregnant women?



Bring our family home for the holidays.

Celebrate the season with your family and ours.
Serve Michelob,® Michelob Light,® and Michelob Classic Dark.®
Very special beers for a very special time.

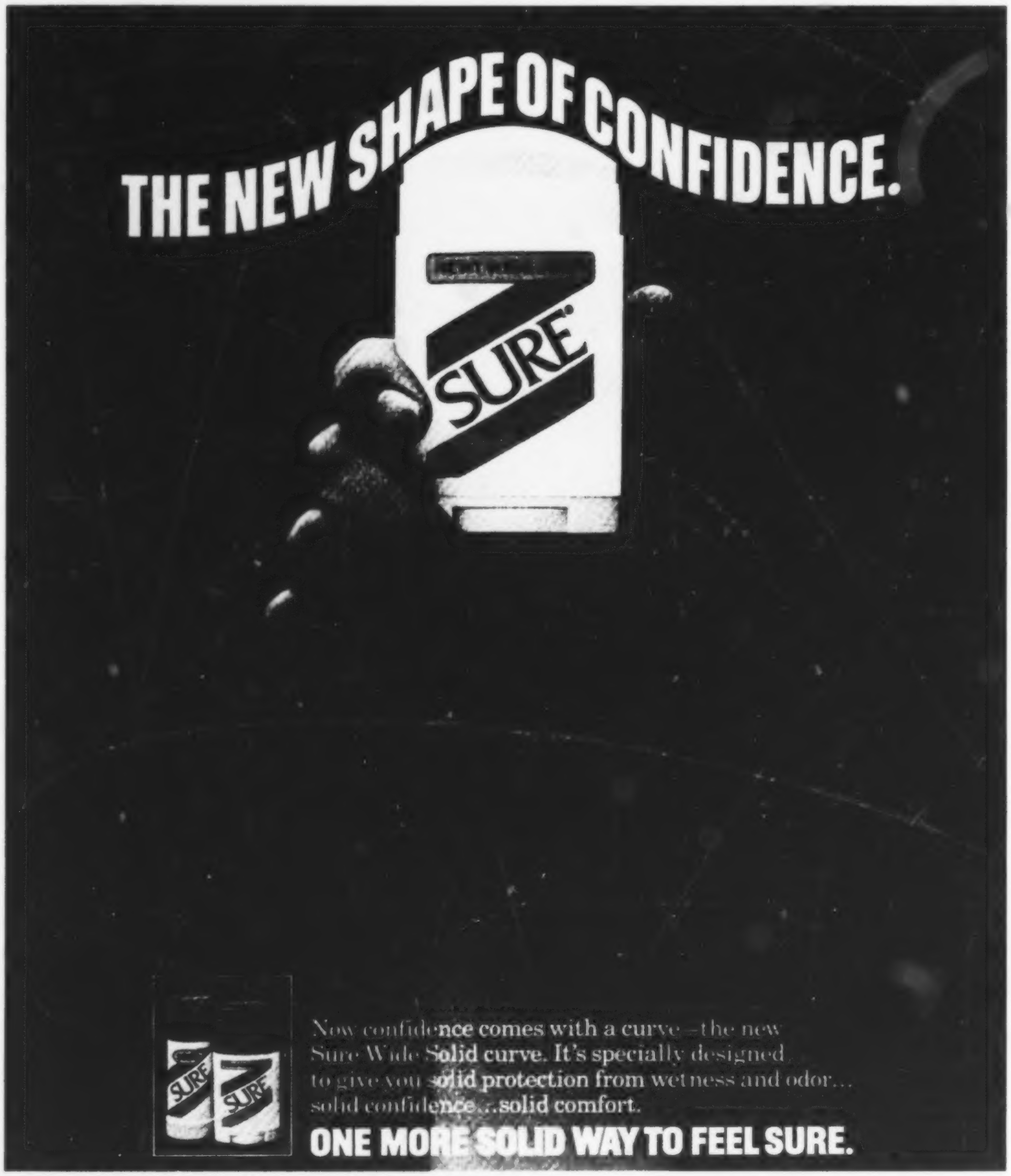
© [illegible] Michelob Beer, Anheuser-Busch, St. Louis

1. What product is being advertised?

2. To what needs or desires does this advertisement appeal?

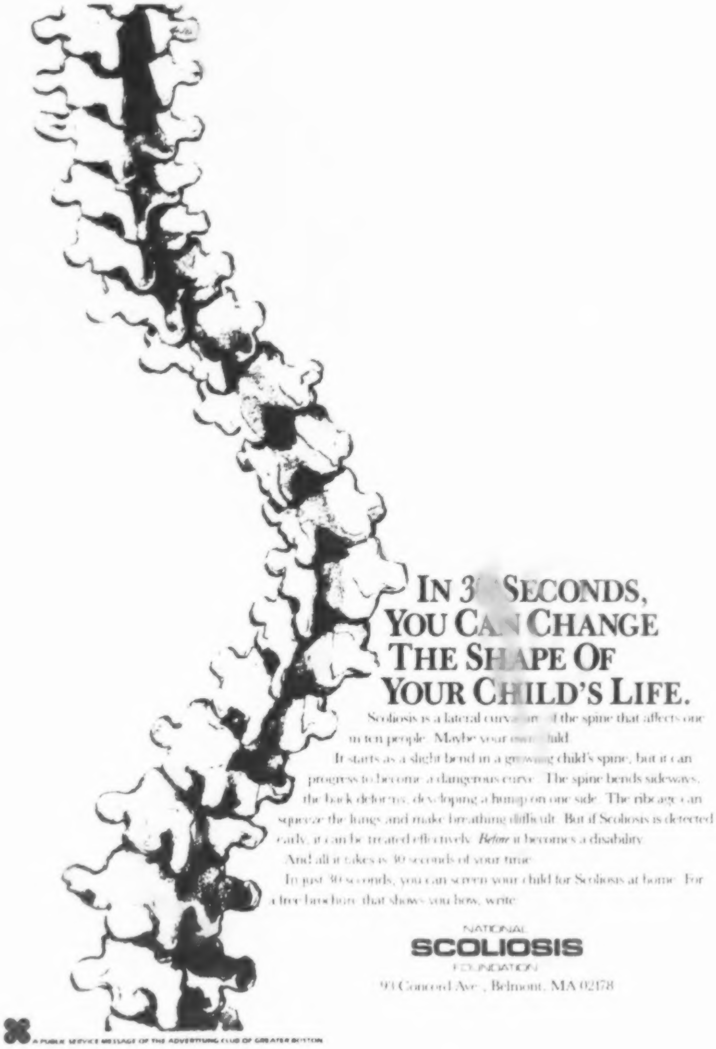
3. Why do you think the words **family** and **holiday** are emphasized in this advertisement?

4. When you think of Santa Claus, what adjectives (descriptive words) come to your mind?
   Why do you think these beer bottles are made to look like Santa Claus?


THE NEW SHAPE OF CONFIDENCE.
SURE
SURE
SURE
ONE MORE SOLID WAY TO FEEL SURE.

Now confidence comes with a curve—the new Sure Wide Solid curve. It's specially designed to give you solid protection from wetness and odor... solid confidence...solid comfort.

1. What product is being advertised?
2. Who is the target audience?
3. To what need or desire does this advertisement appeal?
4. Why do you think the name "Sure" was chosen for this product?
5. What other words are used in this advertisement to make you want to buy this product?



IN 30 SECONDS, YOU CAN CHANGE THE SHAPE OF YOUR CHILD'S LIFE.

Scoliosis is a lateral curvature of the spine that affects one in ten people. Maybe your own child.

It starts as a slight bend in a growing child's spine, but it can progress to become a dangerous curve. The spine bends sideways, the back deforms, developing a hump on one side. The ribcage can squeeze the lungs and make breathing difficult. But if Scoliosis is detected early, it can be treated effectively. *Before* it becomes a disability.

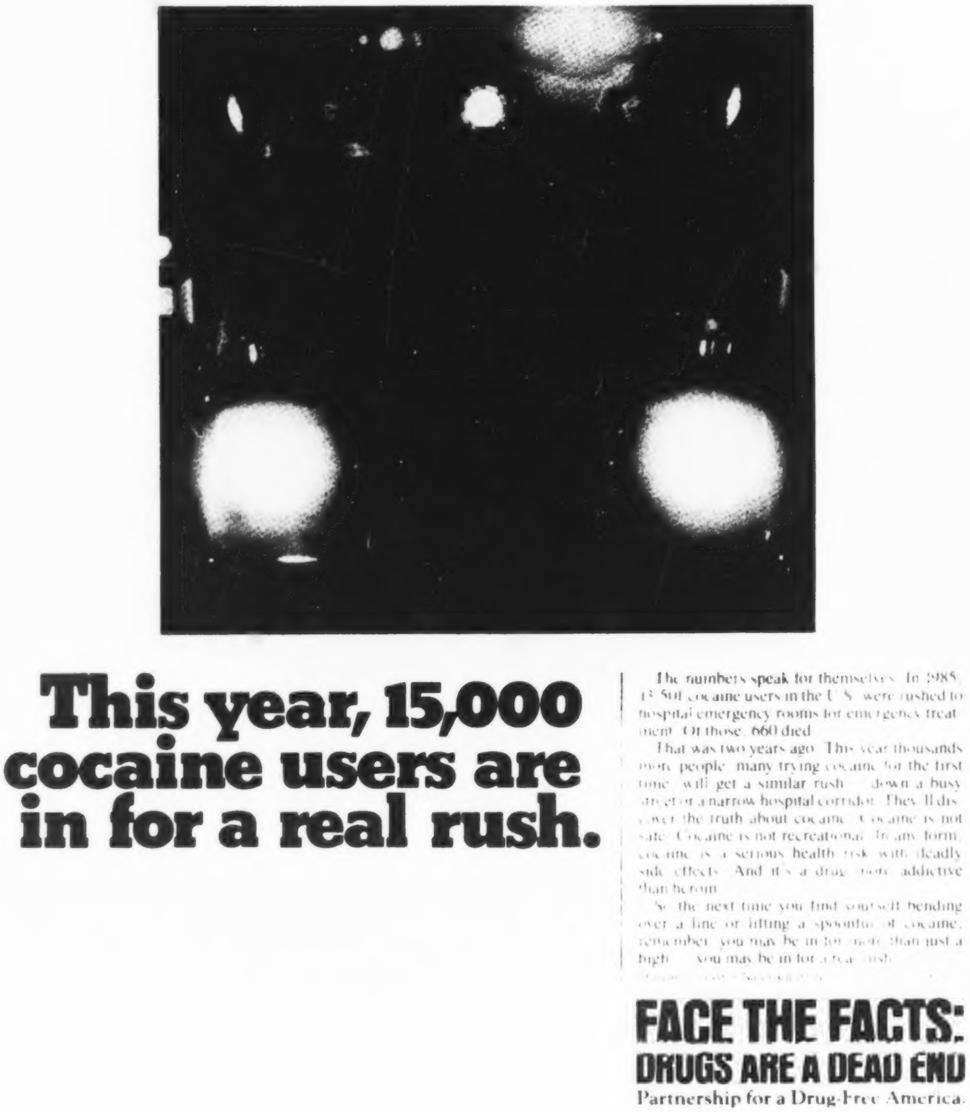
And all it takes is 30 seconds of your time.

In just 30 seconds, you can screen your child for Scoliosis at home. For a free brochure that shows you how, write:

NATIONAL
SCOLIOSIS
FOUNDATION
93 Concord Ave., Belmont, MA 02178

A PUBLIC SERVICE MESSAGE OF THE ADVERTISING CLUB OF GREATER BOSTON

1. To what need does this advertisement appeal?
2. What organization has paid for this advertisement?
3. Why do you think that organization was willing to pay for this advertisement?
4. What important facts about health can you learn from reading this advertisement?



This year, 15,000 cocaine users are in for a real rush.

The numbers speak for themselves. In 1985, 13,501 cocaine users in the U.S. were rushed to hospital emergency rooms for emergency treatment. Of those, 660 died.

That was two years ago. This year thousands more people, many trying cocaine for the first time, will get a similar rush — down a busy street or a narrow hospital corridor. They'll discover the truth about cocaine. Cocaine is not safe. Cocaine is not recreational. In any form, cocaine is a serious health risk with deadly side effects. And it's a drug more addictive than heroin.

So the next time you find yourself bending over a line or lifting a spoonful of cocaine, remember, you may be in for more than just a high — you may be in for a real rush.

FACE THE FACTS:
DRUGS ARE A DEAD END
Partnership for a Drug-Free America.

1. What organization has paid for this advertisement?

2. What important facts about the drug cocaine can you learn from reading this advertisement?

3. What is the "real rush" described in this ad?

4. Look at the final message in this advertisement:

FACE THE FACTS: DRUGS ARE A DEAD END.

Explain that message using your own words.

LET'S PROTECT OUR GREATEST NATURAL RESOURCE. HELP OUR CHILDREN SAY "NO" TO DRUGS

Open a qualified account and First Interstate Bank will make a donation to the "Just Say No" Foundation. Because the Foundation's goal is to educate school-age children about illegal drugs and drug use prevention, your support represents a real investment in our children's future. You can help us reach our goal to educate almost 1,500,000 children about the dangers of drug use.

Drug Abuse Hurts Everyone
Few problems trouble parents, educators and businesses as deeply as the widespread drug use among school-age youngsters. The effects are indeed sobering: learning disabilities, academic underachievement, even teen suicide. The potential long-term effects of a generation "turned on" and "tuned out" will be costly.

The statistics hardly reflect the real price our society is paying in human terms. According to our state Attorney General, over half our teenagers have tried illegal drugs before they get a driver's license — and one in five will try cocaine before graduating from high school.

Teach Children to "Just Say No"
If there is a silver lining in the dark cloud of increased drug use among our youth, it is the increasing number of children choosing to say "no" to drugs. Throughout our state and the country, children themselves are taking a leadership role, banding together to form mutual-support groups called "Just Say No" Clubs with materials provided by the Just Say No Foundation. These children (their numbers are increasing every day) are attempting to establish a new standard of behavior — one that says it's no longer "cool" to try drugs. In fact, the really "cool" thing to do is "just say no."

It's Working
Today, thousands of American children have taken the "Just Say No" pledge to lead healthy, drug-free lives. The movement, whose honorary chairperson is First Lady Nancy Reagan, works so well because it fights negative peer pressure with positive peer support. "Just Say No" Clubs sharpen members' awareness of the dangers of using drugs, encourage critical thinking, self-assertiveness in the face of peer pressure, and open dialogue with parents and others. These clubs offer a most helpful and practical solution — one that delivers prevention as an alternative to a more difficult and costly cure.

1. To what need does this advertisement appeal?
2. What organization paid for this advertisement?
3. Why do you think that organization was willing to pay for this advertisement?
4. What is a natural resource? Do you think it is correct to call children our greatest natural resource?
5. What important facts about the fight against drugs can you learn from reading this advertisement?

LESSON 14:

PEER SUPPORT AND PEER PRESSURE: HOW THEY AFFECT US

LESSON OVERVIEW

This lesson helps students appreciate the importance of their peers. They learn that one's peers can exert positive and negative influence on their behavior.

One of the major reasons that young people begin using drugs is due to peer pressure. According to the Statewide Survey of Drug and Alcohol Use Among California Students - 1985-86, at least half the students reported using drugs because "their friends do."

LESSON OBJECTIVES

The student will:

be able to define the word peer.

be able to distinguish between positive peer support and negative peer pressure.

be able to explain in his/her own words how and why peers support and/or pressure us.

TIME REQUIRED

One class period

MATERIALS NEEDED

Pencil and paper

Chalkboard and chalk

Dictionary

"Positive Peer Support" Master - worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

influence:	a person or thing that has power
negative:	oposite to or lacking something that is positive

VOCABULARY: CONT'D.

peer:	a person of the same rank or skill; an equal
positive:	does some good or helps in some way
pressure:	influence or force to make someone do something

ENRICHMENT OPTIONS

Students may practice positive peer influence by making positive comments about peer's classroom work and activities in "friendly letter" form.

Students may exchange the "friendly letters" for peer-editing.

Students may read aloud examples of positive comments from their "friendly letters."

EVALUATION

Teacher observation of student participation

Review student worksheets

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: We have already learned that we can be influenced by advertisements on TV, radio, and in magazines. Today we're going to learn about another great influence on our lives: our peers.

Write the word PEER on the chalkboard.

Ask: Can anyone tell us what the word PEER means?

If a correct definition is not given, the following may be used:

PEER: someone who is the same age or in the same class or grade at school

someone we work with or who has the same type job

a person of the same rank or skill; an equal

Ask: (Eliciting responses from several students on each question.)

Who are three of your peers?

Example: classmates, teammates

Who are you parents' peers?

Example: their friends, people they work with

Who are my peers?

Example: other teachers, friends, neighbors

Who are the principal's peers?

Example: friends, other principals

What do you suppose is meant by the phrase "a jury of your peers?"

Example: a jury of persons similar to you

Write the word PRESSURE on the chalkboard next to the word PEER so that the students now see PEER PRESSURE.

Ask: Who can tell what pressure is?

Say: Now let's put these two words together.

Ask: What does PEER PRESSURE mean?

Write responses on chalkboard.

Example: My friends won't like me if I don't do what they want.

Write the word SUPPORT on the chalkboard.

Ask: What does the word SUPPORT mean to you?

Write responses on chalkboard.

Write PEER in front of SUPPORT.

Ask: How would you describe the difference between peer pressure and peer support? Lead discussion toward a positive (support) and negative (pressure) idea.

Write the word POSITIVE above the phrase PEER SUPPORT.

Ask: How do people support others in positive ways?

Lead discussion of how people support others in positive ways. Guide students to provide examples such as these:

People support others by:

- being good models of behavior
- offering compliments/encouragement:

  "You can do it, I know you can."

  "Do you want me to help you with that?"

  "Good job."

  "Gimme five."
- listening
- cautioning
- offering rewards
- other

Have students pair off to practice positive peer support by making positive comments about one another's classroom work and activities.

Ask: How do you feel when a peer says something nice to you?

Now write the word NEGATIVE above the phrase PEER PRESSURE.

Ask: How do people pressure others in a negative way?

Lead discussion of how peers apply negative pressure. Guide students to provide examples such as these:

People apply negative pressure by:

- threatening
- saying:

  "Are you chicken?"

  "Everybody's doing it!"

  "No big deal."

"Don't you want to be cool?"

(Are you) "Scared?"

"If you are my friend, you'll do this."

"Grow up; don't be a baby."

- other examples

Ask: How do we feel when peers use negative pressure?

Say: We need to be able to recognize when others are trying to pressure us into doing something we should not do. We also need to know that we can provide positive support for others. To help us learn how to recognize pressure and how to provide positive support for others we are going to do the following activity(ies).

Say: I will distribute a worksheet to each of you. Think of situations in which you can support a peer. For an example, see the problem and solution shown on your worksheet.

POSITIVE PEER SUPPORT

Problem

Solution

Example: New student at school

Example: I can support by being friendly

LESSON 15:
DEALING WITH PEER PRESSURE

LESSON OVERVIEW

Peer pressure is a major factor in substance abuse. To counteract the power of peer pressure, students not only need information, they need to develop a repertoire of strategies to resist peer pressure. This lesson introduces students to strategies for dealing effectively with peer pressure.

LESSON OBJECTIVES

The student will:

develop a repertoire of strategies for resisting peer pressure.

apply these strategies to specific situations.

practice using five different strategies for resisting peer pressure.

work cooperatively with his/her fellow students to write an original story dealing with peer pressure.

TIME REQUIRED

One or two class periods

MATERIALS NEEDED

Chalkboard and chalk

Pencils and paper

"Situation A" Master - story (included)

"Situation B" Master - story (included)

"Worksheet #1" Master - worksheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

decision:	judgement; making up one's mind

VOCABULARY CONT'D.

recognize:	identify; showing that one knows a person or thing seen or heard before
strategy:	skill in managing or directing something; a plan for dealing with a specific situation.

ENRICHMENT OPTIONS

In pairs or small groups, have students write a "Situation C" story dealing with peer pressure and tobacco use. Using Worksheet #2 as a story guide, students should include setting, characters, (number of characters = number in group), problem, negative peer pressure and positive peer support, from Worksheet #1.

Students can practice and role play their stories for the class.

Student stories can be compiled into a classroom book.

Student stories can be published by being placed on the bulletin board.

EVALUATION

Student worksheet

Student writing of an original situation

Role playing

Teacher evaluation of student responses and student participation

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: Yesterday we discussed how people can support us in a positive way. Positive support, especially from our peers, makes us feel good and we usually respond with a "thank you" or a smile.

Say: We also learned yesterday how people can pressure us in negative ways. Negative pressure is not pleasant. Having to deal with negative peer pressure can make us very uncomfortable.

We need some tools or strategies to help us make decisions and to be able to say "no." A **strategy** is a plan to deal with a specific situations.

Say: Today we are going to discuss some strategies which we can use to deal effectively with negative peer pressure. We also will practice using those strategies.

Distribute a copy of situation A to each student. The teacher then will read aloud, or have students read, Situation A.

Ask: What is the problem in this situation?

Ask: What decision must Mark make?

Ask: What pressure is Jeff trying to exert?

Ask: If you were Mark, what would you say or do?

After students have responded:

Say: You have made very good suggestions; let's summarize what you have said.

As (name of student) said, you could:

Have a better idea

Tell Jeff you can go to the movie today and ask for permission to go to the mall another day.

As (name of student) said, you could:

Use flattery

Tell Jeff that no one else has seen the movie, and he will really be a hit being the first to tell about it at school.

As (name of student) said, you could:

Act shocked

Tell your friend you are surprised that he would even think of lying to his parents.

Or as (name of student) said, you could:

Make a joke

Say that instead of wandering through the mall, why don't we take a bus to Los Angeles and see a game.

Say: As (name of student) said, you could simply:

Say NO, change the subject, and leave if the pressure continues.

Say: These are all strategies, but the bottom line is that you are saying "NO, I will not give in to peer pressure to do what I know is wrong."

Distribute a copy of Situation B to each student.

The teacher then will read aloud or have students read Situation B.

Say: We are now going to apply the strategies we identified when we read the story about Mark and Jeff.

Distribute Worksheet #1.

Say: If you were Kathy, you could simply say NO or you could use one or more of the five strategies we have identified. On the worksheet, write a sentence or two stating how Kathy might reply to Lisa.

Examples for teacher:

Have a better idea

Tell Lisa that it would be more fun to make goodies. All the ingredients for chocolate-chip cookies are in the kitchen.

Use Flattery

Tell Lisa that your mother thinks she is the most honest friend you have ever had. She would really be disappointed, because she thinks you are trustworthy.

Act Shocked

Tell Lisa that taking the money would be stealing.

Make a joke

Say that you might as well empty your mother's wallt and go buy out the store.

Simply say NO, that isn't a good idea and then change the subject completely. Leave if pressure continues.

SITUATION A

On a summer morning Jeff and his neighbor Mark planned an afternoon trip to the movies. Jeff's mother agreed to provide transportation both to and from the theater which was located in a large shopping mall.

At two o'clock, when Jeff's mother was driving the boys to the movie, she discussed the rules for the afternoon with them.

"Remember, don't talk to strangers. Stay together. Don't leave the movie theater, and be out front at four-thirty when the movie is over," she said.

The boys nodded their heads in agreement, shut the car door, and headed toward the box-office to buy their tickets.

"Let's not go to the show," Jeff said. "We could have a great time in the mall."

"But we agreed with your mother that we wouldn't leave the movie," replied Mark.

"If we get back in time, she'll never know. Besides, I really wasn't agreeing with her. I was stretching my neck up and down," said Jeff.

SITUATION B

Kathy was watching at the window for her friend Lisa. The two girls had planned for weeks to spend this Saturday together. The big day finally had arrived.

Just as she was turning away from the window for the hundredth time, Kathy saw Lisa at the corner. Kathy ran for the door, almost tripping on the worn edge of the carpet.

The two girls greeted each other happily and sat down on the front step to talk about the day.

"Let's go to Center Market and buy some goodies, " Lisa suggested.

"That's a great idea," said Kathy. "There is just one problem."

"Problem?" questioned Lisa.

"Money," Kathy replied.

"That's no problem. Your mother has that jar of change in the cupboard. I have seen it there every time you have opened the cupboard to get a glass."

"I can't take that money except for something really important or in an emergency," sighed Kathy.

"Well," said Lisa, "if my being here and hungry isn't important, I'll go to Mary's house. Her mother always has money around that we can take."

WORKSHEET #1

Directions:

If you were Kathy, you could simply say NO or you could use another strategy. In the space provided, write a sentence or two telling how Kathy might reply.

1) Have a better idea.

2) Use flattery.

3) Act shocked.

4) Make a joke.

5) Say NO, change the subject or leave if the pressure continues.

These are all strategies, but the bottom line is that you are saying "NO, I will not give in to peer pressure to do what I know is wrong."

WORKSHEET #2

Directions:

Peer pressure to use tobacco can be a problem. Think of a situation in which one person pressures another to use tobacco. Fill out this worksheet describing that situation. Using the completed worksheet as a guide, write a situation C story.

Characters (names of people in the story)

Setting (where the story takes place, time, etc.)

Situation (how or where the person got the tobacco)

Negative peer pressure (what is said or done to get someone to use tobacco)

Positive peer support (what is said or done to refuse, or to help someone refuse, to use tobacco)

LESSON 16:
THINKING ABOUT YOUR GOALS

LESSON OVERVIEW

In order for students to make responsible decisions they must understand how their own personal goals affect the decisions they make. This lesson begins with students defining the concept of a personal goal by drawing on experiences from their own lives. Next, students will describe personal goals they have set and identify the steps undertaken to achieve those goals. Finally, students will have an opportunity to set new goals and to make a plan for achieving those goals.

LESSON OBJECTIVES

The student will:

identify the four critical attributes of a personal goal.

analyze a personal goal he/she has achieved in the past.

distinguish between short-term and long-range goals.

set new personal goals and formulate a plan of action for achieving those goals.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

Pencils and paper

Dictionaries (optional)

"A Goal You Have Achieved" Master - worksheet #1 (included)

"Developing New Goals" Master - worksheet #2 (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

achieve:	reach by one's own efforts
ingredient:	one of the parts of a mixture
objective:	something that one tries to reach; a goal or purpose
personal goal:	one's own aim or purpose
short-term goal:	an immediate aim or objective
long-range goal:	an objective which is in the more distant future

ENRICHMENT OPTIONS

Ask students to read a short biography of an important person. Have the students describe the importance of personal goals in that person's life.

Have students interview a member of their family or an adult in their school about a personal goal the interviewee has achieved.

Ask students to write a short essay in which they discuss how using drugs can affect both short-term and long-range personal goals.

EVALUATION

Teacher observation of student participation during class discussions.

Student performance on worksheets #1 and #2.

As a learning log entry, the students could list the four basic ingredients of personal goals.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Begin the lesson by leading a class discussion in which students link personal experiences to the concept of personal goals.

Say: Today, and in the next several lessons, we are going to be talking about our personal goals and their importance in the decisions we make. Personal goals are aims or objectives that we set for ourselves and work hard to achieve. An example of some personal goals I have worked for are: ______________ (At this point you will want to give the students some clear and concise examples of personal goals, both short-term and long-range, that you have set for yourself. For example, you might want to mention buying a new car, becoming a teacher, etc.)

After you have illustrated the concept of personal goals through your own experience, ask the students to suggest examples from their own experience so that they will better understand the concept of personal goals.

Say: Who can describe a time when you had to work hard to achieve something that you really wanted?

Reinforce the four critical attributes of a personal goal by verbally identifying and labeling the relevant illustrations in each of the examples provided by the students. As each student describes a personal goal, be sure to have the student describe the actions, behaviors, etc. that they had to undertake in order to achieve the goal. After several students have volunteered examples of personal goals, display Transparency #1 on the overhead projector.

Say: Let's think about the examples that have been provided. If we examine them closely, we'll see that personal goals have four basic ingredients. They are:

1. something a person wants.
2. something in the future.
3. something that can be achieved.
4. something for which one must work hard.

Distribute a copy of worksheet #1, "A Goal You Have Achieved" to each student.

Say: Using the worksheet that has just been distributed, I want you to think about a personal goal that you have achieved. Make sure that the personal goal you write about has each of the four ingredients that are listed on the left hand side of your worksheet. After you have described your goal (point to section on worksheet/transparency #1), explain in a paragraph how you achieved your goal. What did you do? For example, if your goal was to do well on a class assignment, you might want to explain how you worked on that assignment, or what help your parents or a librarian may have given you. Maybe your goal was to buy a new skateboard. To achieve your goal, you might have worked at several jobs and saved your money.

When students have finished worksheet #1, ask for volunteers to share their goals and plans for achieving them.

Say: From the examples of personal goals that we have heard today, we can see a difference in the time that it has taken, or will take, to achieve them. Some of the personal goals such as...(cite a specific example given by a student during the lesson) refer to objectives we would like to achieve in a short period of time. We call these short-term personal goals. An example of a long-range personal goal would be (name of student in class) wanting someday to attend college.

Display Transparency #2 on the overhead projector. Have students consider each of the illustrations and tell which are not goals, which are short-term goals, and which are long-range goals.

Conclude the lesson by assigning worksheet #2 as homework. Students should be encouraged to call upon their parents for assistance not only in identifying relevant personal goals, but in developing a plan to achieve these goals.

INGREDIENTS OF A PERSONAL GOAL

1.
SOMETHING A PERSON WANTS

2.
SOMETHING IN THE FUTURE

3.
SOMETHING THAT CAN BE ACHIEVED

4.
SOMETHING THAT MUST BE WORKED FOR

IDENTIFYING GOALS

DIRECTIONS: Identify each statement below as a (S) short-term goal, (L) long-range goal, or (N) not a goal

	S	L	N
1. Amy wants to be a lawyer.	☐	☐	☐
2. David wants to go to college.	☐	☐	☐
3. Tina wants to learn how to swim this summer.	☐	☐	☐
4. Ed wants to make the school honor roll this semester.	☐	☐	☐
5. Kim is tall.	☐	☐	☐
6. Andy wants to get an A on his next math test.	☐	☐	☐
7. Carol wants to make the basketball team when she gets to high school.	☐	☐	☐
8. Eric wants to be 6 years old again.	☐	☐	☐
9. Lisa wants to learn how to play the flute.	☐	☐	☐
10. Mark wants to earn three merit badges in scouts this year.	☐	☐	☐

"THINKING ABOUT YOUR GOALS"

NAME________________________ GRADE_____

TEACHER____________________

"A GOAL YOU HAVE ACHIEVED"

PERSONAL GOALS:

The Four Ingredients

1. Something a person wants
2. Something in the future
3. Something that can be achieved
4. Something that must be worked for

YOUR GOAL: What was your goal?

____

____

____

YOUR PLAN: What did you do to achieve your goal?

____

____

____

____

____

____

____

UNIT V - MAKING RESPONSIBLE DECISIONS
LESSON 16 - THINKING ABOUT YOUR GOALS
STUDENT WORKSHEET #1

NAME ______________________ GRADE ____

TEACHER ______________________

"THINKING ABOUT YOUR GOALS"

"DEVELOPING NEW GOALS"

SHORT-TERM GOAL

YOUR GOAL: Describe a short-term personal goal that is important to you

____

____

____

YOUR PLAN: What will you do to achieve your goal?

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

LONG-RANGE GOAL

YOUR GOAL: Describe a long-range personal goal that is important to you

____

____

____

YOUR PLAN: What will you do to achieve your goal?

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

LESSON 17:
WHAT IS A RESPONSIBLE DECISION?

LESSON OVERVIEW

This lesson will assist students in defining responsible decisions. It also will assist students in identifying how responsible decisions are made. In this lesson the teacher is asked to cite examples of daily decisions he/she has to make. The teacher's examples of responsible decision making will provide a model for students.

LESSON OBJECTIVES

The student will:

define a responsible decision.

identify the criteria for responsible decision-making.

explain why a decision in a specific situation was a responsible one.

analyze/evaluate a personal decision.

TIME REQUIRED

Two class periods

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"A Story About Chris" Master (included)

"A Story About Chris" Master - worksheet (included)

"How To Analyze A Decision" Master - worksheet (included) homework assignment

Pencils and paper

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

consequence:	that which results from action; logical conclusion
consideration:	thinking about things in order to decide them; thoughtfulness for others and their feelings
decision:	the act of making up one's mind
goal:	ideal to which effort is directed; something desired
responsible:	carefully and thoroughly considered

ENRICHMENT OPTIONS

Students could keep track of the number of decisions they make and the number of decisions made for them for a 24-hour period.

Students could list the time of the day for every decision they make. Then they could prepare a graph showing timeblocks and numbers of decisions.

Students could write an essay "My Best (or Worst) Decision."

Students could draw a picture of the most responsible decision they have ever made.

As a learning log entry, students could record some of the decisions they have made this day.

EVALUATION

Observation of classroom participation.

Student performance on worksheets #1 and #2.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

The teacher will lead a class discussion which focuses on responsible decision making. The discussion will include the four steps involved in making responsible decisions.

The four steps in responsible decision-making are:

1. consideration of myself,
2. consideration of others,
3. consideration of my goals,
4. consideration of the consequences.

In planning for this lesson, be sure to think ahead about personal examples which can be used as appropriate decisions.

Say: Today we are going to practice making decisions. But first we're going to talk about decisions that I make everyday and that you make everyday. Then we're going to talk about making decisions that are responsible. You're going to learn what it takes to make responsible decisions and how to tell if decisions you make are responsible decisions.

Ask: Who can tell me what a decision is?

Do all people have to make decisions?

What kind of decisions do people have to make everyday? (clothes to wear, food to eat, road to take, whether to exercise, eat breakfast, dentist appointment, time to wake up, etc.)

Say: I have to make decisions all the time. I have to make decisions as a person, as a parent, as a citizen, and as a teacher. Let me tell you about some of the decisions I have to make. I make decisions about (use specific personal examples related to daily routine and role). My success, my happiness, and sometimes that of others, depends on how well I make those decisions. I want to make the most responsible decisions I possibly can.

Ask: Who can tell me what responsible means?

Say: A few minutes ago I told you that one of the decisions I made today was to (personal example). I think I made a responsible decision because I took myself, others, and what I believe or value into consideration before making that decision.

Ask: What does consideration mean? (taking into account; careful thought; regard for others). To whom or to what did I give consideration (from personal example)?

Say: Now let's talk about you.

Say: Tell me about some of the decisions you have to make. (The teacher lists one or two word descriptions of student decisions on the board. List generally, i.e., selecting clothing, doing homework, babysitting, caring for pet, doing chores, spending allowance.)

Say: Now let's talk about responsible decisions.

Ask: Who remembers what responsible means?

Say: Let's select an example of a decision from our list on the board.

Ask: What would be a responsible decision about spending your allowance (or other)? How do we know if it's a responsible decision? (consideration) What does consideration mean? (it means taking into account; careful thought; regard for others.)

Say: When we make a responsible decision, we give consideration to ourselves, and to others, to what we believe and value, and to possible consequences. Let's analyze what I just said.

We consider ourselves. This means that we think about how a decision will affect us personally. When I made a decision to (____personal example____), I thought about how it would affect me. The possible effects on me could be (____from personal example____). This is only part of consideration. We also must consider how our decisions will affect others.

The teacher writes the word MYSELF and the word OTHERS near the top of the chalkboard so that a list can be written underneath each word.

Say: The third part of consideration is my beliefs. Maybe a better word for this is my goals or my values. I have to consider whether or not a decision is consistent with my goals or values.

Let's talk about goals for just a minute.

Ask: What is a goal? (It is an ideal to which effort is directed; something that is valued.)

Say: In this decision, I had to consider whether or not it would support or go along with my goals. I believe (____related to personal example____), therefore, I made this decision.

The teacher writes GOALS on the board next to OTHERS.

Say: The last part of consideration is Consequences.

Ask: Who knows what Consequence means?

Say: Consequence means the result of my actions. Sometimes a consequence can be good or positive. Sometimes it can be bad or negative. When I decided to (___personal example___), I thought about the consequences, or the good and the bad things, that could happen. Thinking about the consequences helped me make my decision.

The teacher writes CONSEQUENCES on the board next to GOALS.

Say: I want you to think about the four parts of consideration with me. Let's choose one of the decisions from your list and look at it in terms of consideration of ME, OTHERS, GOALS, and CONSEQUENCES.

Have a student select a decision from the list on the board. Circle the selection. Under each of the headings (MYSELF, OTHERS, GOALS, and CONSEQUENCES) list possible outcomes generated by students. Repeat this procedure for one or two more decisions.

Say: Now I want you to look at another example. I'm going to distribute a story for you to read. When you've finished reading it, analyze the considerations. Then we'll discuss your answers. Now you can make a responsible decision by deciding to work quickly and quietly.

Distribute a "A Story About Chris" and worksheet #1 to each student. Allow students to work independently. Monitor progress carefully. When students have completed their work (or are near completion), discuss the considerations involved in making a responsible decision.

Distribute "How To Analyze A Decision," (Worksheet 2). Explain to students that they are to analyze a personal decision they will make after school or at home tonight. Ask students to complete their worksheets and bring them to class tomorrow. Discuss the completed worksheets when they are returned.

A STORY ABOUT CHRIS

This is a story about Chris. Chris is a typical 5th grade boy. He does well in school. History is his best subject, but recess is his favorite subject. Sometimes he forgets to brush his teeth at night, but generally he's responsible and dependable. Chris is proud of his accomplishments and his reputation.

Because Chris is the oldest of the three children in his family, his parents expect him to complete certain chores each week in order to get his allowance. Both Chris and his parents keep track of his chores on a chart on the refrigerator in the kitchen. Everyday, Chris is expected to make his bed, clean his room, feed the dog, and take out the kitchen trash. Chris gets a $5.00 allowance per week if he completes his chores on schedule. Chris' parents both work, and they really count on him to be responsible.

Over the last few weeks he's managed to save $48.00 for a new skateboard. The skateboard will cost $52.84, including tax. Chris is certain of the price because he's been to the new skateboard shop many times to admire the skateboard he wants to buy. The store only has one left at that price.

So far this week, Chris has completed all his chores. He only has two more days to go before he receives his allowance and can buy the skateboard.

Chris' best friend, Juan, has invited Chris to come over to his house after school today to help him build a new model airplane that he got as a birthday present. Next to skateboards and recess, Chris' favorite activity is building model airplanes - especially if it's a B-52 like Juan's.

Chris knows that he wants to help Juan with the model. After all, what are friends for? Juan's friendship is important to him.

Chris knows that he's expected to complete his chores after school, but before dinner. He really can't help Juan and complete his chores at the same time. He'd like to help Juan. He remembers that he's only $5.00 away from his new skateboard, and he knows that his parents trust him and depend on him.

What a dilemma! To make a decision, Chris considers his goals. He considers the feelings of Juan and those of his parents. He also considers the consequences of his decision.

Chris knows that he'd enjoy helping Juan with the B-52. He also knows that he wants that new skateboard. Chris wants to please Juan and his parents; they all are important to him. He remembers how long he's been working for that new skateboard and how important it is that he maintain his reputation as a responsible person. He thinks about what will happen if he doesn't complete his chores.

Finally, Chris decides. Chris explains to Juan that he's got almost enough money to buy a new skateboard. If he neglects his chores, he won't get his allowance, and he'll have to work another whole week. By then, the skateboard may be gone. Besides that, his parents really depend on him.

Fortunately Juan understands Chris' decision and why he made it. Juan has had to make similar choices. In fact, Juan is such a good friend he even agrees to help Chris complete his chores. After all, they can work on the model together on Saturday.

"A STORY ABOUT CHRIS"

Name ____

1. What decision did Chris have to make?

2. Did Chris make a responsible decision? Why?

3. What did Chris consider in making his decision?

4. What feelings and goals did he consider?

5. What consequences do you think Chris considered?

HOW TO ANALYZE A DECISION

Name ____

You have to make decisions all the time. Deciding what to wear, whether or not to do your homework, and whether or not to brush your teeth, are just a few of the decisions you must make each day.

Use this worksheet to analyze one of the decisions you'll have to make after school today or at home tonight. Describe your decision and all of your considerations.

THE PROBLEM:

WHAT I CONSIDERED ABOUT MYSELF:

WHAT I CONSIDERED ABOUT OTHERS:

WHAT I CONSIDERED ABOUT MY GOALS OR VALUES:

WHAT I CONSIDERED ABOUT THE CONSEQUENCES:

LESSON 18:

DECIDING: HOW TO DO IT

LESSON OVERVIEW

In order to make responsible decisions regarding drug use, students must understand effective decision-making and they must develop the process skills necessary for effective decision-making. This lesson begins by reviewing the ingredients of a responsible decision. Students then will be introduced to a decision tree model which will help them understand the steps in effective and responsible decision-making. Students will have the opportunity to demonstrate their knowledge of the decision-making process by using a decision tree. Finally, students will have the opportunity to distinguish between decisions in which several alternatives are acceptable and decisions in which there is only one responsible alternative.

LESSON OBJECTIVES

The student will:

identify the ingredients of a responsible decision.

use a decision tree to make a responsible decision.

work cooperatively with four other students in analyzing the decision making process.

compare and contrast valid and invalid reasons for decisions.

predict the consequences of an irresponsible decision.

TIME REQUIRED

Two class periods

MATERIALS NEEDED

Overhead projector, 6-8 pens, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Goals or Touchdowns?" - story (included)

"Dear Abe" - story (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

alternatives:	choice from among two or more things, or two or more courses of action
decision-making process:	the manner in which one goes about making a choice among alternatives.
decision tree:	a chart used to compare and contrast alternatives; an aid to decision-making
invalid:	not supported by fact or authority; unsound; untrue; based on poor reasoning
valid:	supported by fact or authority; sound; true; based on good reasoning

ENRICHMENT

Ask the students to prepare a decision tree which will help them analyze a decision they need to make in the near future.

As a learning log entry, students could list the ingredients of a responsible decision.

EVALUATION

Teacher observation of student participation during class and group work.

Completion of decision tree transparencies by student groups.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In the last two lessons we talked about the important ingredients in a responsible decision. In today's lesson we are going to look at those ingredients as part of a step-by-step process for making decisions.

Say: Let's think back for a moment to yesterday. What did we identify or say were the four ingredients of a responsible decision?

Write ingredients on the chalkboard or overhead projector as students identify them. Students should identify the following four ingredients:

(1) PERSONAL GOALS AND BELIEFS,

(2) DEFINING THE PROBLEM OR QUESTION TO BE ANSWERED,

(3) IDENTIFYING POSSIBLE DECISIONS,

(4) CONSIDERATION OF ALTERNATIVES.

Display transparency #1 on an overhead projector.

Say: This decision tree is one way that we can show that making a responsible decision is the result of a step-by-step process. As you know, our personal goals and beliefs are very important because they influence all the other ingredients in our decision. Because our goals and beliefs are so important, they are displayed as the roots of the tree or the foundation of our decisions.

Now let's look at the question to be answered. What is it that we are called upon to decide? After we define the question, we need to take three steps:

1. First, we identify the possible decisions that can be made.

2. The second step is to consider the reasons for and against making each of the possible decisions. When we consider each of the possible decisions, it is very important that we take another look at our personal goals and beliefs.

3. After careful consideration, the third and final step is to make the responsible decision.

Say: Let's practice the decision-making process by using a decision tree to look at Chris' decision from yesterday's lesson.

Beginning with personal goals and beliefs, have the students identify the ingredients of Chris' decision. An exemplary decision tree with suggested responses has been provided for you to use in facilitating this activity. Work up the decision tree in a sequential manner. Keep in mind that you are modeling the decision-making process that students will practice independently in the next part of the lesson.

Divide the class into groups of 5 students. Working as a part of a group, students will be asked to read a story and complete a decision tree (make a responsible decision). Make sure that each group selects (or you appoint) students to fill the following roles:

CHAIRPERSON:	responsible for leading/facilitating group
RECORDER:	responsible for recording on transparency
REPORTER:	responsible for reporting to class
RESEARCHER:	responsible for looking up information from story during group discussion
TIMEKEEPER:	responsible for keeping group alerted to time deadline

Distribute a copy of transparency #1 and a transparency pen to each recorder. Distribute a copy of Story #1: "Goals or Touchdowns" to each student.

Say: Now we are going to read a story that will help us better understand the decision-making process. Read the story silently as I read it aloud.

Read story #1

Say: Working in your small groups, and in the roles that you have been assigned, complete the decision tree. In 15 minutes, groups should have finished their work and reporters should be prepared to report on how their groups completed the decision tree.

Reporters should present their group's decision tree on the overhead projector. You may use your best judgement as to the order and number of reports. For example, different groups could be assigned different ingredients (e.g., group #1 - goals/beliefs, group #2 - question to be answered, etc.). An exemplary decision tree with suggested responses has been provided for your use in facilitating the activity and discussion.

Say: Some of you may have felt that playing soccer is the best decision for Steve because he is good at it, enjoys it, and wants to keep improving so that next year he can play on his junior high team. Some of you might have felt that playing football is the best decision for Steve because he is a good athlete and has done well in all sports he has played. Also, in addition to pleasing his father, he someday would be able to play on a high school football team.

At the conclusion of the discussion, be sure to point out to the students that either decision (playing soccer or football) could have been supported with good or valid reasons.

Distribute a copy of Story #2: "Dear Abe" to each student.

Say: We now are going to read a story in which the reasons behind one of the possible decisions may not be as good or valid as the reasons behind the other possible decision. Once again, you read the story silently as I read it aloud.

Read Story #2

Say: This time let's complete the decision tree and discuss our story as a class.

Beginning with personal goals and beliefs, complete the decision tree transparency by identifying the important ingredients in Heather's decision. Once again, an exemplary decision tree with suggested responses has been provided to help you in facilitating the discussion. Please note that although the reasons for Heather using her sister's paper are not valid, they are reasons students may use and, therefore, should be discussed.

Say: Let's look again at Heather's reasons for turning in her sister's work. Why are those reasons invalid? Why are they based on poor reasoning?

During the discussion, students should suggest reasons such as:

1. It is morally/ethically wrong to misrepresent someone else's work as your own. The Mary Todd Lincoln letter was Linda's property and Heather had no right to use it.

2. To turn in another person's work as your own is cheating. It is a violation of school rules. If caught, Heather would be subject to punishment ranging from an F on this assignment to suspension from school. (Teacher note - the violation of rules/law is a critical concept and will become very relevant when the decision to use drugs is considered.)

3. The assignment, as do all assignments, had a purpose. By not completing the assignment on her own, Heather did not improve her writing skills.

"GOALS OR TOUCHDOWNS?"

Steve Kennedy is eleven years old, and he has a problem. For the past two years Steve has played forward on his youth soccer team, the Strikers. Last year Steve was the Striker's leading goal scorer. Not bad for a fifth grader! With practice set to start next Monday, one would think that everything was "just fine." Not so, and the reason can be stated in just one word: FOOTBALL!

Sports are Steve's favorite pastime. Maybe it is because he is bigger and faster than the other kids, or perhaps it is because his Dad has encouraged him and seems to enjoy watching him play. In any event, whether it is soccer, basketball, baseball, or bowling, Steve loves sports. Even though he is an outstanding individual player, Steve really enjoys playing on a team. Earlier in the year, when he learned that Whitney Junior High was going to field its first soccer team, Steve's enthusiasm for the sport grew even more. As a sixth grader, Steve has one more year before he will be a Whitney Warrior and part of the school team!

Saturday is registration for Pop Warner Football. Steve doesn't have anything against football. Considering that he is the fastest boy in his class and that he has been a pitcher in Little League, it is reasonable to think that Steve might make a pretty good quarterback. Also, Steve knows that his Dad would like nothing better than for "his son" to play some day for the State University Tigers. Mr. Kennedy played quarterback for "State" in the 1960's and was actually named the most valuable player in his senior year. Steve also knows that football is a popular sport in high school and high school is only three years away.

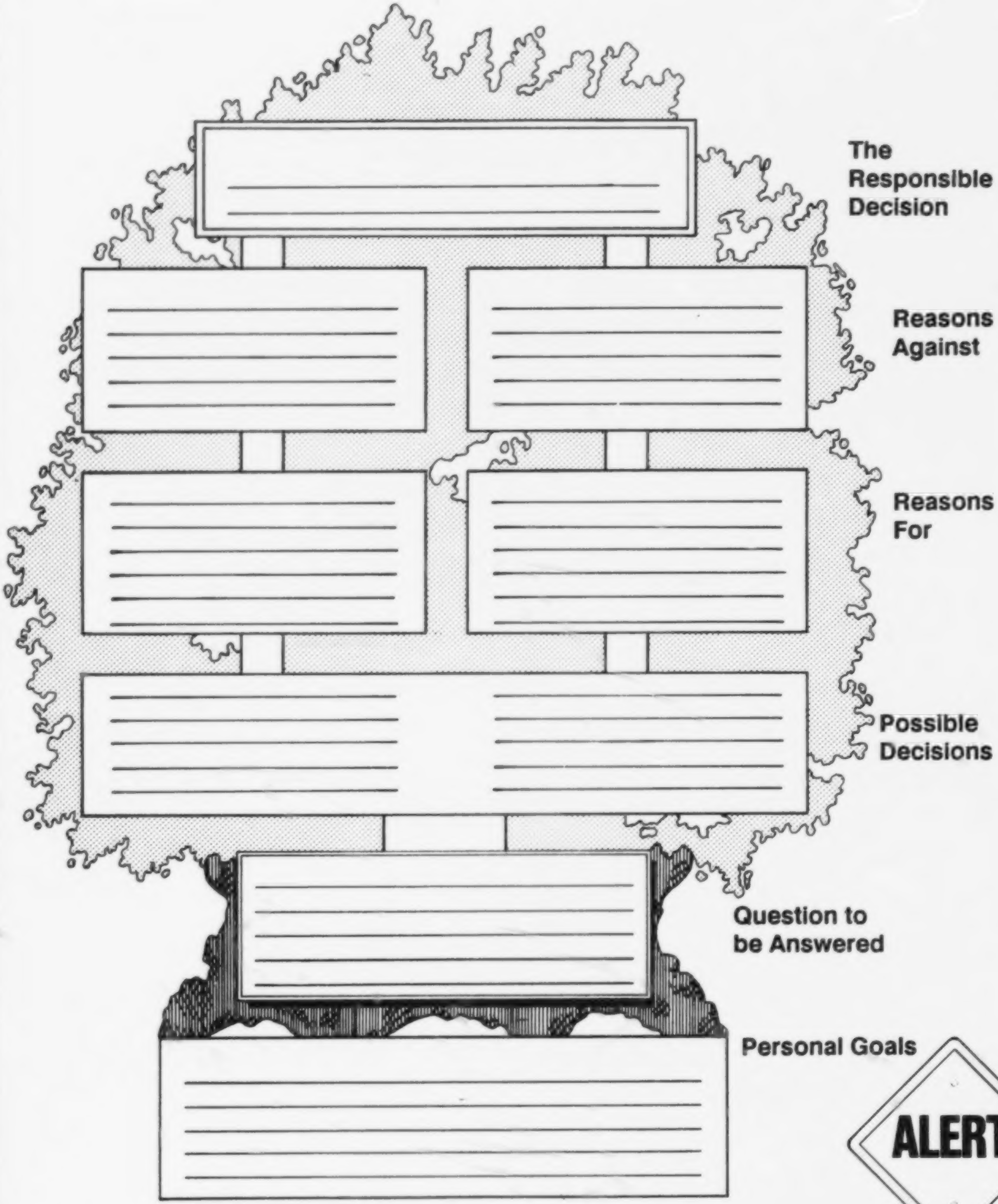
Mr. Matthews, the coach of the Strikers, has made it clear that no one will be able to play both football and soccer. Both sports are played in the fall with games on Saturdays and practices after school. Steve needs to decide. Will he sign up for football on Saturday or begin soccer practice on Monday?

"DEAR ABE"

Heather is a fifth grade student at Jefferson Elementary School. For the most part, Heather likes school and her teacher, Mr. Raines. Getting good grades and making the school Honor Roll is important to Heather and her parents. Writing, however, is not Heather's favorite school activity. This afternoon, Mr. Raines gave the class an assignment that Heather started to dread the moment she heard it. "Students, pretend you are a famous American and write a letter to your husband or wife," said Mr. Raines. "For example, boys could pretend to be George Washington writing to Martha or girls could pretend to be Nancy Reagan writing to Ronald."

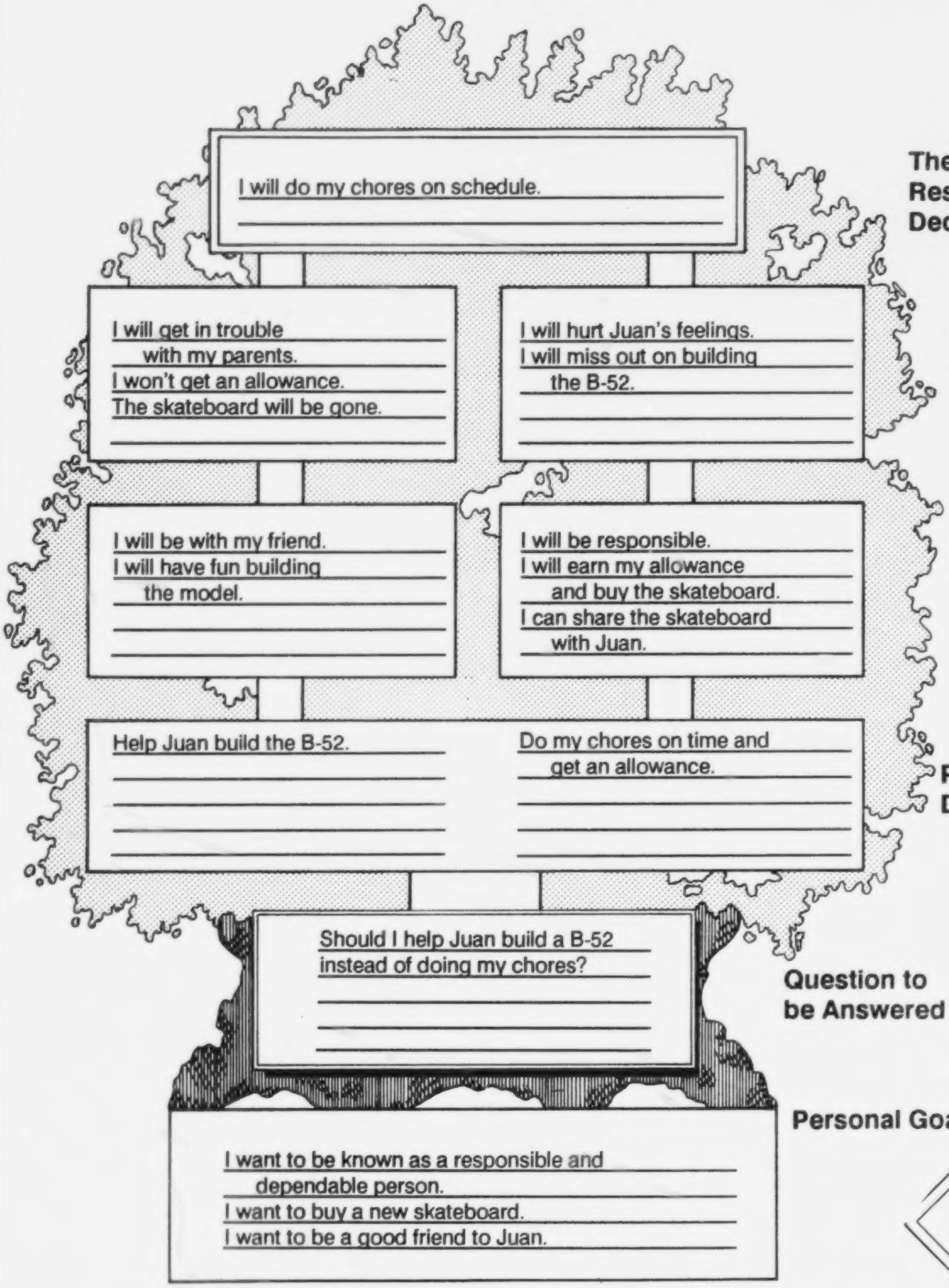
Walking home from school was usually a pleasant time of the day for Heather. Today, however, Heather could not escape from the thought of Mr. Raines and his awful writing assignment. Just as she was about to turn down her street, Heather realized that a solution to her problems just might be in the bottom drawer of her older sister's dresser. "Linda had Mr. Raines in the fifth grade two years ago," Heather reminded herself. "I'll bet Linda, who was always on the Honor Roll, had to write a letter just like the one I'm supposed to do. Linda saves everything from school. Maybe I'll get lucky."

Heather hurried home to check Linda's room before her sister got in from school. Sure enough, Linda's bottom dresser drawer was full of school papers and worksheets! "Why would anyone save junk like this?" Heather asked herself. Just as she was about to give up, Heather hit paydirt. The letter began "Dear Abe," was signed "Mary Todd Lincoln," and, best of all, was marked with an A in Mr. Raines' handwriting. "Allriiiight," yelled Heather. "This is my lucky day!" For a moment Heather thought about what would happen if she were caught turning in someone else's work. But she quickly brushed aside her worry. "No," she figured, "I'll bet Mr. Raines gives this assignment every year and he probably gets more letters from Abe and Mary Lincoln than anyone else. I'll just copy this letter, turn it in, and he'll never know the difference."


The Responsible Decision
Reasons Against
Reasons For
Possible Decisions
Question to be Answered
Personal Goals

ALERT

"CHRIS' DECISION"



The Responsible Decision

I will do my chores on schedule.

Reasons Against

I will get in trouble with my parents.
I won't get an allowance.
The skateboard will be gone.

I will hurt Juan's feelings.
I will miss out on building the B-52.

Reasons For

I will be with my friend.
I will have fun building the model.

I will be responsible.
I will earn my allowance and buy the skateboard.
I can share the skateboard with Juan.

Possible Decisions

Help Juan build the B-52.

Do my chores on time and get an allowance.

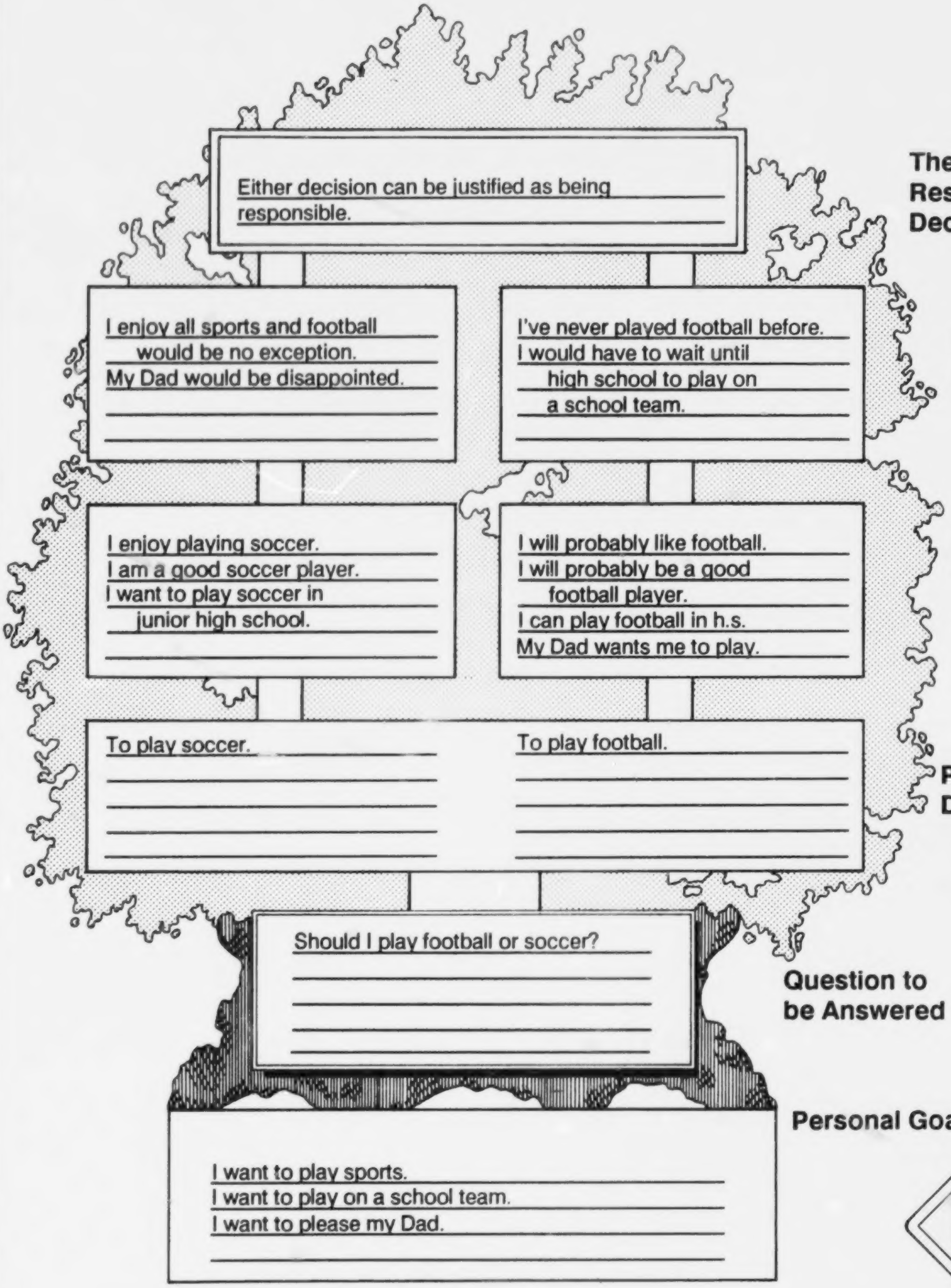
Question to be Answered

Should I help Juan build a B-52 instead of doing my chores?

Personal Goals

I want to be known as a responsible and dependable person.
I want to buy a new skateboard.
I want to be a good friend to Juan.

"GOALS or TOUCHDOWNS?"



The Responsible Decision

Either decision can be justified as being responsible.

Reasons Against

I enjoy all sports and football would be no exception. My Dad would be disappointed.	I've never played football before. I would have to wait until high school to play on a school team.

Reasons For

I enjoy playing soccer. I am a good soccer player. I want to play soccer in junior high school.	I will probably like football. I will probably be a good football player. I can play football in h.s. My Dad wants me to play.

Possible Decisions

To play soccer.	To play football.

Question to be Answered

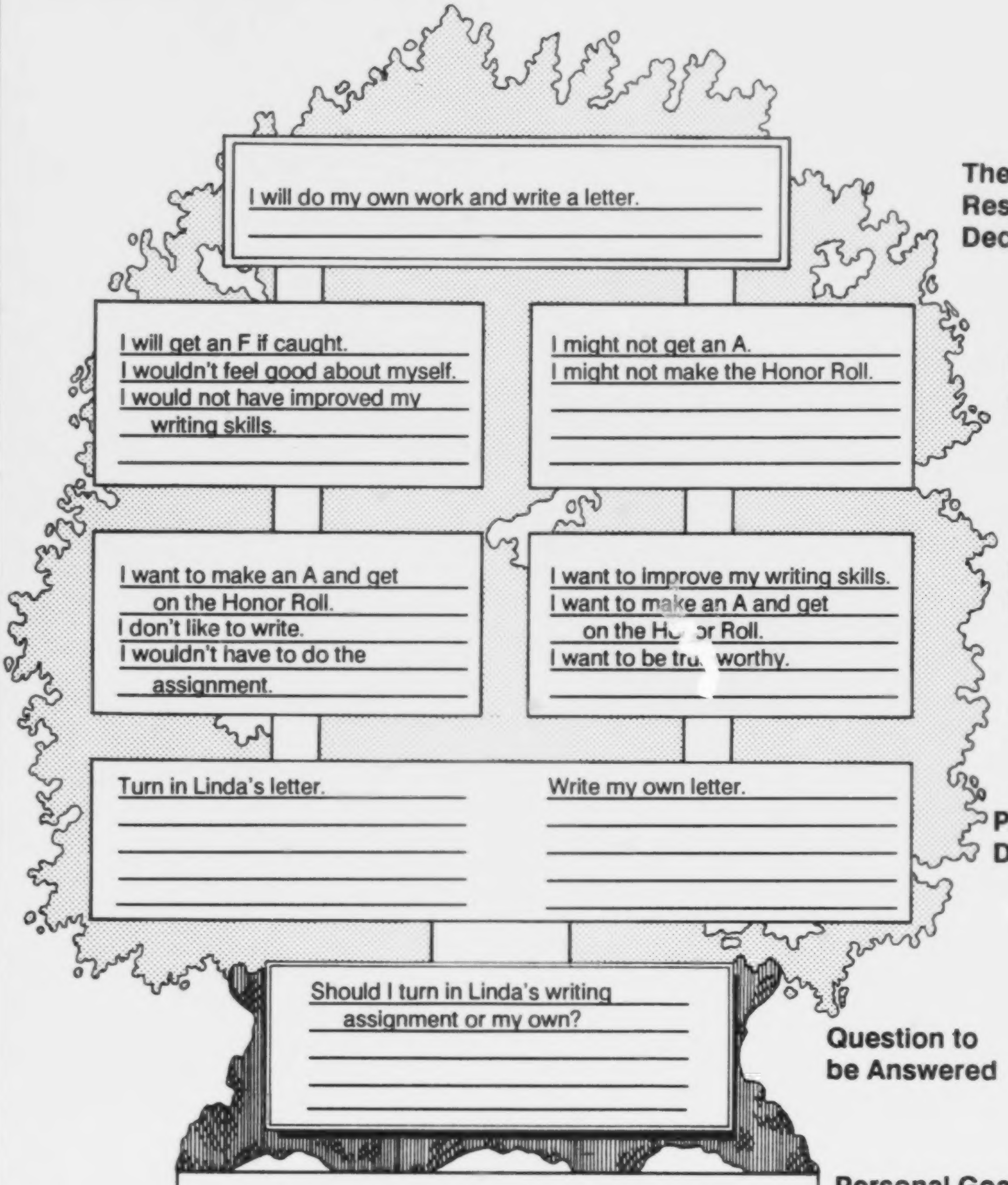
Should I play football or soccer?

Personal Goals

I want to play sports.
I want to play on a school team.
I want to please my Dad.

ALERT

"DEAR ABE"



The Responsible Decision

I will do my own work and write a letter.

Reasons Against

I will get an F if caught.
I wouldn't feel good about myself.
I would not have improved my writing skills.

I might not get an A.
I might not make the Honor Roll.

Reasons For

I want to make an A and get on the Honor Roll.
I don't like to write.
I wouldn't have to do the assignment.

I want to improve my writing skills.
I want to make an A and get on the Honor Roll.
I want to be trustworthy.

Possible Decisions

Turn in Linda's letter.

Write my own letter.

Question to be Answered

Should I turn in Linda's writing assignment or my own?

Personal Goals

I want to be on the school Honor Roll.
I want to do well in school for my parents & myself.
I want to get an A on this assignment.

LESSON 19:
MAKING A RESPONSIBLE DECISION ABOUT DRUGS

LESSON OVERVIEW

In previous lessons, students have been involved in goal setting exercises. They also have learned how to use the device known as a decision tree to help them determine the better course of action. Students, however, sometimes are called upon to make decisions when there are not two responsible choices. Whether or not to use drugs is one of those decisions. In this lesson, a decision model for use when there is really only one responsible choice will be developed. The students will use that model to learn why a decision not to use drugs is the only responsible decision they can make.

LESSON OBJECTIVES

The student will:

predict probable consequences of decisions about the use of drugs.

compare and contrast responsible and irresponsible decisions.

exhibit greater proficiency in decision making.

write a paragraph explaining why the only responsible decision concerning drugs is not to use them.

TIME REQUIRED

One class period

MATERIALS NEEDED

Overhead projector, pen, and transparencies (included)
or
Chalkboard and chalk or chart paper and marker

"Responsible Decision Making" Master - student information sheet (included)

"Responsible Decision Making" Master - worksheet (included)

"Should I Use Drugs?" Master - worksheet (included)

"Drugs and the Law" - Teacher information sheet (included)

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

consequence:	a result or outcome
contaminated:	impure; polluted; infected by touching or mixing with
expulsion:	forcing out; excluding

ENRICHMENT OPTIONS

Have students write a letter to the editor urging people not to use drugs. Be sure each letter cites reasons why people should not use drugs.

Students could bring clippings from newspapers or articles from magazines which report the consequences of drug use. Discuss these case studies in the context of this lesson.

EVALUATION

Teacher observation and judgement.

Written assignment to be completed by each student.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In the last lesson we learned how to make a responsible decision using a decision tree. We also learned that in some cases there really is only one responsible choice. Today, we are going to look at a way to make decisions when there is really only one responsible choice.

Say: In the last lesson, as you remember, Heather had to make a decision about cheating. She had to decide whether or not to copy her sister's paper. In Heather's case there was really only one responsible decision she could make.

Let's see why.

Put transparency of "Responsible Decision For 'Dear Abe'" on the overhead projector.

Say: Whenever we must make a decision, we need to consider or think about our personal goals.

Point to personal goals box.

Say: Heather has to make a decision. She must decide "should I or should I not copy my sister's assignment?" or, in other words, "should I cheat or should I not?"

Heather has two choices or possible decisions. She could decide to copy her sister's letter or she could decide not to copy and to do her own work.

Let's look at the reasons or excuses Heather could have for copying or cheating.

Read the reasons Heather might have for copying.

Ask the students to suggest additional reasons.

Say: Now let's look at Heather's reasons for not copying.

Read Heather's reasons for not copying.

Ask the students for additional reasons.

Say: Oftentimes people stop here in the decision making process, but there is one more important step that should be taken. We should consider the possible consequences that a decision might have. Consequences are the results or the outcomes of our decisions.

Let's look at the consequences Heather's two possible decisions could have.

First let's look at what some of the possible consequences could be if Heather copied her sister's "Dear Abe" letter.

Read the consequences that could result from Heather cheating.

Ask the students to suggest other possible consequences.

Say: Heather carefully weighed her reasons and the possible consequences of the two decisions and made the responsible decision, "Don't copy; do my own work."

Point to the "responsible decision" box.

Say: Now that we have looked at Heather's decision using the "Responsible Decision Making Model," we are going to use that model to analyze a decision that each of you is going to have to make. This decision may be the most important decision you will ever have to make.

Distribute blank "Responsible Decision Making Model" worksheets to the students.

Put blank "Responsible Decision Making Model" transparency on the overhead projector.

Say: As I fill in the blanks on this model (indicate the overhead), I want you to do the same on your worksheet.

Write SHOULD I USE DRUGS? in the "Question to be Answered" space on the overhead.

Point to the question.

Say: This is the important question I was talking about, but before we look at the possible decisions, I want you to go back to the "Personal Goals" space on your paper and write one or more of your long-range goals.

Allow time for each student to think and to write a response.

Ask: What are some of your long-range goals?

Write two or three of the responses in the "Personal Goals" box.

Say: Now that we have filled in the "Personal Goals" and "Question to be Answered" spaces, let's move up to the next space. (Point to the "Possible Decisions" space.)

Say: In answering the question, "Should I Use Drugs?", there are two possible decisions we can make.

One decision or answer to the question is "No, I will not use drugs." The other decision or answer is "Yes, I will use drugs."

Write "NO" in one box and "YES" in the other box.

Say: Let's think about reasons to put in the boxes.

Point to the two "Reasons" boxes.

Say: First, let's talk about the reasons for not using drugs.

Ask: Remember what you have learned in earlier lessons about drugs and how they can damage our physical, mental and social health. Now let's list some reasons for not using drugs?

Write the students' responses on the overhead. When the space fills, you may want to continue the list on the chalkboard.

The student responses probably will focus on the damage drugs can do to one's physical, mental, and social health. But there are other reasons for not using drugs. If the students do not suggest them, they should be guided to them. Here is a list of some of these reasons and some sample questions to help guide the students to them.

Reasons for not using drugs are:

1. Drugs can be contaminated.

Ask: Remember the lesson "Getting A New Drug To The Drug Store"?

Remember how many tests an over-the-counter or prescription drug must go through before we can buy it?

Are street drugs tested?

Does anyone check the dosage or purity of street drugs?

How would you know what's really in a street drug?

Could there be poison or other harmful substances in a street drug?

Is a person who sells street drugs interested in your health and well being or your money?

2. It is against the law to use drugs.

Ask: What could happen if you were caught with drugs at school? (You may want to discuss suspension and expulsion with the students.)

What could happen if a police officer found drugs in your possession? If you were caught using drugs?

You also may want to refer to the information sheet "Drugs and the Law" in the appendix.

3. Using drugs will hurt your chances of achieving your goals.

Ask: What effect could using drugs have on your long-range goals?

Why would using drugs help or hurt your chances of achieving your goals?

4. Using drugs will affect what others think of us.

What would your friends or your friends' parents think about your using drugs?

Ask: What would your parents think about your using drugs?

How would an employer react to your use of drugs?

5. Using drugs can affect what we think about ourselves?

Ask: Do you feel good about yourself when you do something you know you shouldn't?

How do you feel about yourself if you disappoint or displease your parents?

How do you think you would feel about yourself if you did something to damage your health?

How do you think you would feel about yourself if you used drugs?

How do you think you would feel about yourself if you did something against the law?

Say: Now that we have examined some of the reasons for saying no to drugs, let's look at some of the reasons or excuses people might offer for using drugs.

Ask: Can anyone think of a reason or excuse someone might offer for using drugs?

Write the student's responses on the overhead.

(There may not be many responses from the students. If there aren't any, you may want to use peer pressure as a reason. One of the major reasons (if not the major reason) given for starting to use drugs is peer pressure. Whether you or the students bring it up, this will provide an excellent opportunity to reinforce the previous lessons on peer pressure and how to deal with it. Another response that may come up is "drugs make you feel good" or "drugs get you high." This is a response that you should not try to elicit from the students, but you should be ready to deal with this response if it arises. Should it come up, don't deny that it is a reason, but point out to the students that this is only a short-lived and artificial feeling. Drug induced euphoria is transitory.

Another response that may come up is "drugs help people escape from their problems." Again, this is a response that you should not try to elicit from the students. Should it come up, you need to point out that this may be a reason or an excuse people give for using drugs, but, in reality, when the effects of the drug wear off, the problems are still there.)

Say: When a person makes a decision, he/she has to face the consequences of that decision.

Let's think about the possible consequences of the two decisions.

Ask: What could be some of the consequences if a person makes a decision to use drugs?

Write the student responses in the "Consequences" box.

The consequences students suggest should be very similar to the reasons given for not using drugs. Some of the responses that should be elicited are:

I could be arrested.

I wouldn't feel good about myself.

Parents and friends would lose respect for me.

It will be more difficult to achieve my goals.

I could damage my physical health.

I could damage my mental health.

I could damage my social health.

I could lose my job.

I could die.

Say: Now that we have looked at the consequences of using drugs, let's look at the consequences of not using drugs.

Ask: What are some of the consequences of not using drugs?

Some of the responses that should be elicited are:

I will be healthier.

I am more likely to achieve my goals.

Parents and friends would respect me.

I am more likely to get/keep a good job.

I will have more money to spend on things that make my life better or more pleasant.

I'll feel good about myself.

Say: Now that we have carefully examined the question "Should I use drugs?", what is the responsible answer or decision?

Write "NO" in the "Responsible Decision" box.

Say: We have determined that the only responsible decision concerning drugs is not to use them.

Distribute "Why" worksheet. Ask each student to write a paragraph explaining why the only responsible decision concerning drugs is not to use them.

Allow ten minutes for students to write their paragraphs.

RESPONSIBLE DECISION MAKING

DON'T COPY, DO OWN WORK

THE RESPONSIBLE DECISION

RECEIVE AN "F"
BE SUSPENDED
WOULDN'T FEEL GOOD ABOUT HERSELF
PARENTS AND TEACHER WOULDN'T TRUST HER

CONSEQUENCES

IMPROVE HER WRITING SKILLS
FEEL GOOD ABOUT HERSELF
PARENTS AND TEACHER WILL STILL TRUST HER
MAKE HONOR ROLL

CONSEQUENCES

TO MAKE HONOR ROLL
SHE DOESN'T LIKE WRITING
SHE WOULDN'T HAVE TO DO THE ASSIGNMENT
SHE WANTED A GOOD GRADE

REASONS

TO MAKE HONOR ROLL
TO BECOME A BETTER WRITER
TO BE TRUSTWORTHY
IT'S A CHALLENGE
IT MIGHT BE ENJOYABLE

REASONS

COPY (CHEAT)

NOT TO COPY

POSSIBLE DECISIONS

SHOULD I COPY MY SISTER'S PAPER?

QUESTION TO BE ANSWERED

MAKE THE HONOR ROLL

PERSONAL GOALS

RESPONSIBLE DECISION MAKING

____
THE RESPONSIBLE DECISION

CONSEQUENCES	**CONSEQUENCES**
REASONS	**REASONS**

POSSIBLE DECISIONS

____
QUESTION TO BE ANSWERED

PERSONAL GOALS

SHOULD I USE DRUGS?
THE RESPONSIBLE DECISION IS "NO."

WHY IS THIS A RESPONSIBLE DECISION?
WRITE 5 REASONS.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

LESSON 20:

JUST SAY NO!

LESSON OVERVIEW

In this lesson, students will develop greater skill in resisting pressure to use drugs or to engage in other unsafe/unhealthful practices. They will learn to communicate assertively, and they will practice the use of assertive communication.

LESSON OBJECTIVES

The student will:

define assertive communication.

give examples of assertive communication.

distinguish between appropriate and inappropriate use of assertive communications.

practice the use of assertive communication in resisting pressure to use drugs.

TIME REQUIRED

One class period

MATERIALS NEEDED

Chalkboard and chalk or chart paper and marker

Pencils and paper

VOCABULARY

These words or concepts need not be taught explicitly, but their meanings ought to emerge as a result of this lesson.

assertive:	sure of oneself; bold and positive
communication:	giving or exchanging information or news; making known

ENRICHMENT OPTIONS

Students could design posters with assertive statements against drug use.

As a learning log entry, students could list assertive statements they can use if they find themselves in an unsafe or unhealthy situation.

Students could make cartoon type pictures of assertive responses such as those used to portray action words in comic books.

Students could, with the assistance and approval of the principal, organize a JUST SAY NO club. (See appendix.)

With the assistance of the teacher, students could organize a mini-rally in support of JUST SAY NO. The rally should take place following this instructional unit. Possible mini-rally components:

1. Skits
2. Songs
3. Posters, Banners, Picket Signs
4. Speeches
5. Refreshments

Students could recite the JUST SAY NO PLEDGE in unison. (See appendix.)

EVALUATION

Teacher observation of student participation.

DIRECT INSTRUCTION: HOW TO PROCEED

(The following is a suggested script for this lesson. It may be modified to meet your needs.)

Say: In lesson 15, we learned a number of techniques for dealing with peer pressure.

Ask: Who can recall the five strategies for dealing with peer pressure that we have learned?

Students should respond with:

Have a better idea

Use flattery

Act shocked

Make a joke

Say NO, change the subject or leave

Say: Today we are going to learn more about the strategy of saying NO. When you communicate by "Just Saying NO" you are communicating assertively.

Write the word assertive on the chalkboard and discuss its meaning.

Say: An assertive communication is one that is bold and positive. It leaves no doubt about what you mean to say. Assertive communication is communication that implies you are ready to back up your words with appropriate action. For example, you could walk away or tell your teacher, principal, parent, or police officer. You also could make a lot of noise to attract attention to your need for help.

Say: In an unsafe/unhealthful situation, an assertive person could say in a firm voice:

NO!

GET AWAY FROM ME NOW!

STOP IT!

I DON'T WANT TO!

LEAVE ME ALONE OR I'LL TELL THE PRINCIPAL!

LEAVE ME ALONE OR I'LL CALL THE POLICE!

Each of these assertive communications is clear and concise. Each implies that you intend to do something or that you intend to take action.

Ask: Can you suggest some other assertive statements you could use if you find yourself in an unsafe or unhealthful situation?

The teacher should list the student responses on the chalkboard and discuss them.

Say: Let's look more closely at those times when assertive communication is appropriate and those times when it is not. Assertive communications are not always appropriate. For example, it would not be appropriate to respond assertively when:

1. your parent asks you to make your bed.
2. someone asks a reasonable question.
3. your teacher asks for your homework.

Ask: Can you suggest other situations when assertive communication would not be appropriate?

Acknowledge student responses.

Say: Now let's look at unsafe/unhealthful situations when assertive communications not only are appropriate, but are necessary.

For example, assertive communications are necessary if:

1. someone wants you to smoke a cigarette.
2. someone wants you to drink beer.
3. someone wants to give you drugs.

Ask: Can you suggest other situations in which assertive communication would be necessary?

Acknowledge student responses.

Divide the class into working groups of 2, 3 or 4 students. Ask the students to write skits which illustrate the appropriate use of assertive communication in unsafe/unhealthful situations.

Allow students to rehearse their skits before they present them to the class. Discuss each skit as it is presented.

BE SURE EACH STUDENT HAS THE OPPORTUNITY TO PRACTICE RESPONDING ASSERTIVELY.

CHILDREN AND DRUGS:
WHAT RESEARCH TELLS US

CHILDREN AND DRUGS

Americans have consistently identified drug use among the top problems confronting the nation's schools. Yet many people do not recognize the degree to which their own children, their own schools, and their own communities are at risk.

Research shows that drug use among children is ten times more prevalent than parents suspect. In addition, many students know that their parents do not recognize the extent of drug use; this lead them to believe that they can use drugs with impunity.

School administrators and teachers often are unaware that their students are using and selling drugs, frequently on school property. School officials who are aware of the situation in their schools admit, as has Ralph Egers, superintendent of schools in South Portland, Maine, that "We'd like to think that our kids don't have this problem, but the brightest kid from the best family in the community could have the problem."

The facts are:

Drug use is not confined to certain population groups or to certain economic levels in our society; it affects our entire nation.

Drugs are a serious problem not only in high schools, but in the middle and elementary schools as well.

All illegal drugs are dangerous; there is no such thing as safe or responsible use of illegal drugs.

Although drug trafficking is controlled by adults, the immediate source of drugs for most students is other students.

Continuing misconceptions about the drug problem stand in the way of corrective action. The following section outlines the nature and extent of the problem and summarizes the latest research on the effects of drugs on students and schools.

EXTENT OF DRUG USE

Drug use is widespread among American schoolchildren. The United States has the highest rate of teenage drug use of any industrialized nation. The drug problem in this country is ten times greater than in Japan, for example. Sixty-one percent of high school seniors have used drugs. Marijuana use remains at an unacceptably high level; in 1985, 41 percent of the seniors reported using it in the last year, and 26 percent said they had used it at least once in the previous month. Thirteen percent of seniors indicated that they had used cocaine in the past year. This is the highest level ever observed, more than twice the percentage in 1975.

Many students purchase and use drugs at school. A recent study of teenagers contacting a cocaine hotline revealed that 57 percent of the respondents bought most of their drugs at school. Among 1985 high school seniors, one-third of the marijuana users reported that they had smoked marijuana at school. Of the seniors who used amphetamines during the past year, two-thirds reported having taken them at school.

The drug problem affects all types of students. All regions and all types of communities show high levels of drug use. Forty-three percent of 1985 high school seniors in non-metropolitan areas reported illicit drug use in the previous year, while the rate for seniors in large metropolitan areas was 50 percent. Although higher proportions of males are involved in illicit drug use, especially heavy drug use, the gap between the sexes is lessening. The extent to which high school seniors reported having used marijuana is about the same for blacks and whites; for other types of drugs reported, use is slightly higher among whites.

Initial drug use occurs at an increasingly early age. The percentage of students using drugs by the sixth grade has tripled over the last decade. In the early 1960's, marijuana use was virtually nonexistent among 13-year-olds, but now about one in six 13-year-olds has used marijuana.

FACT SHEET
DRUGS AND DEPENDENCE

Drugs cause physical and emotional dependence. Users may develop an overwhelming craving for specific drugs, and their bodies may respond to the presence of drugs in ways that lead to increased drug use.

Regular users of drugs develop *tolerance,* a need to take larger doses to get the same initial effect. They may respond by combining drugs - frequently with devastating results. Many of the teenage drug users calling a national cocaine hotline report that they take other drugs just to counteract the unpleasant effects of cocaine.

Certain drugs, such as opiates and barbiturates, create *physical dependence.* With prolonged use, these drugs become part of the body chemistry. When a regular user stops taking the drug, the body experiences the physiological trauma known as *withdrawal.*

Psychological dependence occurs when drug taking becomes the center of the user's life. Among children, psychological dependence erodes school performance and can destroy ties to family, friends, outside interests, values, and goals. The child goes from taking drugs to feel good, to taking them to keep from feeling bad. Over time, drug use itself heightens the bad feelings and can leave the user suicidal. *More than half of all adolescent suicides are drug-related.*

Drugs and their harmful side effects can remain in the body long after drug use has stopped. The extent to which a drug is retained in the body depends on the drug's chemical composition, that is, whether it is or is not fat-soluble. Fat-soluble drugs such as marijuana, phencyclidine (PCP), and lysergic acid (LSD) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain. Such accumulations of drugs and their slow release over time may cause delayed effects (flashbacks) weeks and even months after drug use has stopped.

HOW DRUG USE DEVELOPS

Social influences play a key role in making drug use attractive to children.

The first temptations to use drugs may come in social situations in the form of pressures to "act grown up" and "have a good time," by smoking cigarettes or using alcohol or marijuana.

A 1983 *Weekly Reader* survey found that television and movies had the greatest influence on fourth graders in making drugs and alcohol seem attractive; other children had the second greatest influence. From the fifth grade on, peers played an increasingly important role, while television and movies consistently had the second greatest influence.

The survey offers insights into *why* students take drugs. For all children, the most important reason for taking marijuana is to "fit in with others." "To feel older" is the second main reason for children in grades four and five, and "to have a good time" for those in grades six to twelve. This finding reinforces the need for prevention programs beginning in the early grades - programs that focus on teaching children to resist peer pressure and on making worthwhile and enjoyable drug-free activities available to them.

Students who turn to more potent drugs usually do so after first using cigarettes and alcohol, and then marijuana. Initial attempts may not produce a "high"; however, students who continue to use drugs learn that drugs can alter their thoughts and feelings. *The greater a student's involvement with marijuana, the more likely it is the student will begin to use other drugs in conjunction with marijuana.*

Drug use frequently progresses in [illegible]tes - from occasional use, to regular use, to multiple drug use, and ultimately to total dependency. With each successive state, drug use intensifies, becomes more varied, and results in increasingly debilitating effects. But this progression is not inevitable. Drug use can be stopped at any state. However, the more involved children are with drugs, the more difficult it is for them to stop. *The best way to fight drug use is to begin prevention efforts before children start using drugs.* Prevention efforts that focus on young children are the most effective means to fight drug use.

SOURCE: What Works: Schools Without Drugs. United State Department of Education. 1986. pp. 2-7.

CALIFORNIA EDUCATION CODE

Section 48900. Grounds for suspension or expulsion; legislative intent

A pupil shall not be suspended from school or recommended for expulsion unless the superintendent or the principal of the school in which the pupil is enrolled determines that the pupil has:

(a) Caused, attempted to cause, or threatened to cause physical injury to another person.

(b) Possessed, sold, or otherwise furnished any firearm, knife, explosive, or other dangerous object unless, in the case of possession of any such object, the pupil had obtained written permission to possess the item from a certificated school employee, which is concurred in by the principal or the designee of the principal.

(c) Unlawfully possessed, used, sold, or otherwise furnished, or been under the influence of, any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind.

(d) Unlawfully offered, arranged, or negotiated to sell any controlled substance, listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, an alcoholic beverage, or an intoxicant of any kind, and then either sold, delivered, or otherwise furnished to any person another liquid, substance, or material and represented the liquid, substance, or material as a controlled substance, alcoholic beverage, or intoxicant.

(e) Committed robbery or extortion.

(f) Caused or attempted to cause damage to school property or private property.

(g) Stolen or attempted to steal school property or private property.

(h) Possessed or used tobacco, or any products containing tobacco or nicotine products, including, but not limited to, cigarettes, cigars, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets, and betel. However, this section does not prohibit use or possession by a pupil of his or her own prescription products.

(i) Committed an obscene act or engaged in habitual profanity or vulgarity.

(j) Had unlawful possession of, or unlawfully offered, arranged, or negotiated to sell any drug paraphernalia, as defined in Section 11014.5 of the Health and Safety Code.

(k) Disrupted school activities or otherwise willfully defied the valid authority of supervisors, teachers, administrators, school officials, or other school personnel engaged in the performance of their duties.

(l) Knowingly received stolen school property or private property.

No pupil shall be suspended or expelled for any of the acts enumerated unless that act is related to school activity or school attendance. A pupil may be suspended or expelled for acts which are enumerated in this section and related to school activity or attendance which occur at any time, including, but not limited to, any of the following:

(1) While on school grounds.

(2) While going to or coming from school.

(3) During the lunch period whether on or off the campus.

(4) During, or while going to or coming from, a school sponsored activity.

It is the intent of the Legislature that alternatives to suspensions or expulsion be imposed against any pupil who is truant, tardy, or otherwise absent from school activities.

Section 48901. Smoking or use of tobacco or tobacco or nicotine products prohibited; steps to discourage smoking.

(a) No school shall permit the smoking or use of tobacco, or any product containing tobacco or nicotine products, by pupils of the school while the pupils are on campus, or while attending school-sponsored activities or while under the supervision and control of school district employees.

(b) The governing board of any school district maintaining a high school shall take all steps it deems practical to discourage high school students from smoking.

Section 48902. Notification of law enforcement authorities if student commits assault with deadly weapon or force likely to produce great bodily injury.

The principal of a school or the principal's designee shall, prior to the suspension or expulsion of any pupil, notify the appropriate law enforcement authorities of the county or city in which the school is situated, of any acts of the student which may be violative of Section 245 of the Penal Code.

Section 48904. Liability of parent or guardian for willful pupil misconduct; withholding of grades, diplomas and transcripts; voluntary work program.

(a) Notwithstanding Section 1714.1 of the Civil Code, the parent or guardian of any minor whose willful misconduct results in injury or death to any pupil or any person employed by, or performing volunteer services for, a school district or private school or who willfully cuts, defaces, or otherwise injures in any way any property, real or personal, belonging to a school district or private school, or personal property of any school employee, shall be liable for all damages so caused by the minor. The liability of the parent or guardian shall not exceed seven thousand five hundred dollars ($7,500). The parent or guardian shall also be liable for the amount of any reward not exceeding seven thousand five hundred dollars ($7,500) paid pursuant to Section 53069.5 of the Government Code. The parent or guardian of a minor shall be liable to a school district or private school for all property belonging to the school district or private school loaned to the minor and not returned upon demand of an employee of the district or private school authorized to make the demand.

(b) Any school district or private school whose real or personal property has been willfully cut, defaced, or otherwise injured, or whose property is loaned to a pupil and willfully not returned upon demand of an employee of the district or private school authorized to make the demand may, after affording the pupil his or her due process rights, withhold the grades, diploma, and transcripts of the pupil responsible for the damage until the pupil or the pupil's parent or guardian has paid for the damages thereto, as provided in subdivision (a).

The school district or private school shall notify the parent or guardian of the pupil in writing of the pupil's alleged misconduct before withholding the pupil's grades, diploma, or transcripts pursuant to this subdivision. When the minor and parent are unable to pay for the damages, or to return the property, the school district or private school shall provide a program of voluntary work for the minor in lieu of the payment of monetary damages. Upon completion of the voluntary work, the grades, diploma, and transcripts of the pupil shall be released.

The governing board of each school district or governing body of each private school shall establish rules and regulations governing procedures for the implementation of this subdivision. The procedures shall conform to, but are not limited to, those procedures established in this code for the expulsion of pupils.

Section 48904.3. Withholding grades, diplomas, or transcripts of pupils causing property damage or injury; transfer of pupils to new school districts; notice to rescind decision to withhold.

(a) Upon receiving notice that a school district has withheld the grades, diploma, or transcripts of any pupil pursuant to Section 48904, any school district to which the pupil has transferred shall likewise withhold the grades, diploma, or transcripts of the pupil as authorized by that section, until such time as it receives notice, from the district that initiated the decision to withhold, that the decision has been rescinded under the terms of that section.

(b) Any school district that has decided to withhold a pupil's grades, diploma, or transcripts pursuant to Section 48904 shall, upon receiving notice that the pupil has transferred to any school district in this state, notify the parent or guardian of the pupil in writing that the decision to withhold will be enforced as specified in subdivision (a).

(c) For purposes of this section and Section 48904, "school district" is defined to include any county superintendent of schools.

Section 48905. Injury or damage to person or property of school district employee; willful misconduct of pupil; request for legal action by school district.

An employee of a school district whose person or property is injured or damaged by the willful misconduct of a pupil who attends school in such district, when the employee or the employee's property is (1) located on property owned by the district, (2) being transported to or from an activity sponsored by the district or a school within the district, (3) present at an activity sponsored by such district or school, or (4) otherwise injured or damaged in retaliation for acts lawfully undertaken by the employee in execution of the employee's duties, may request the school district to pursue legal action against the pupil who caused the injury or damage, or the pupil's parent or guardian pursuant to Section 48904.

Section 48915. Expulsion; particular circumstances.

(a) The principal or the superintendent of schools shall recommend a pupil's expulsion for any of the following acts, unless the principal or superintendent finds, and so reports in writing to the governing board, that expulsion is inappropriate, due to the particular circumstance, which shall be set out in the report of the incident:

(1) Causing serious physical injury to another person, except in self-defense.

(2) Possession of any firearm, knife, explosive, or other dangerous object of no reasonable use to the pupil at school or at a school activity off school grounds.

(3) Unlawful sale of any controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, except for the sale of not more than one avoirdupois ounce of marijuana, other than concentrated cannabis.

(4) Robbery or extortion.

(b) Upon recommendation by the principal, superintendent of schools, or by a hearing officer or administrative panel appointed pursuant to subdivision (d) of Section 48918, the governing board may order a pupil expelled upon finding that the pupil violated subdivision (a), (b), (c), (d), or (e) of Section 48900.

(c) Upon recommendation by the principal, superintendent of schools, or by a hearing officer or administrative panel appointed pursuant to subdivision (d) of Section 48918, the governing board may order a pupil expelled upon finding that the pupil violated subdivision (f), (g), (h), (i), (j), (k), or (l) of Section 48900 and either of the following:

(1) That other means of correction are not feasible or have repeatedly failed to bring about proper conduct.

(2) That due to the nature of the violation, the presence of the pupil causes a continuing danger to the physical safety of the pupil or others.

LAWS FOR YOUTH: ALCOHOL, TOBACCO, AND DRUGS

ALCOHOLIC BEVERAGES

What is an alcoholic beverage?

Any drink that has at least 1/2 of 1 percent alcohol is an alcoholic beverage. That includes beer, wines, and other liquors. (B&P 23004)

How old must I be to buy, drink, or possess an alcoholic beverage?

You must be 21 before you can buy or drink in any bar or place where alcoholic beverages are sold as the main business. (B&P 25659)

What if someone sells or gives me an alcoholic beverage?

It is against the law to sell or give alcoholic beverages to a person under 21, or to let the person drink them in a bar or store. (B&P 25658)

Suppose I go into a store or bar to buy an alcoholic drink. What will happen?

If you seem to be under 21, you will be asked to prove your age, and if you cannot, the dealer is not allowed to sell it to you. (B&P 25659)

What if I borrow a driver's license or change the age on mine to show I'm 21 or over?

You will be breaking the law in both cases and will be subject to punishment. You cannot lend or borrow a driver's license or change it for any reason. (B&P 25661, VC 14610)

What other laws are there about alcoholic beverages?

It is against the law for a person under 21 to:

Possess liquor on any street, highway or public place.

Be hired to work in any place where the main business is selling alcoholic beverages to be used on the premises.

Have an open or closed alcohol container in a car, whether you are drinking or not, or to drink while you are driving, or to drive a car while under the influence of alcoholic beverages.

It is also against the law for anyone to:

Be drunk or under the influence of drugs in public or on a public highway.

Drink, sell, or give liquor to any person in or on any public school or school grounds.

Permit a minor to loiter in a place where liquor is sold and which is not operated as a restaurant.

DRUGS AND NARCOTICS

What are some of the laws about narcotics and dangerous drugs that I should know?

You may not:

Use, possess, transport, sell, give away, or offer any narcotics or dangerous drugs.

Use or be under the influence of dangerous drugs unless they are prescribed by a licensed person, usually a doctor.

Encourage, try to sell to or force any minor to break any of the narcotic laws.

Make or use a false or changed prescription.

Plant, cultivate, harvest, dry, or process marijuana or other drugs.

Possess any instrument or means used to inject or smoke an illegal drug.

Sniff glue, paint, or cement with toluene.

Use, sell, or possess any narcotic or dangerous drug at school or elsewhere.

Drive on any highway or road while under the influence of drugs. (EC 48900 and H&S 11350-11384)

There are penalties for breaking any or all of these laws. Some minors may also receive adult penalties.

TOBACCO

Are there laws about tobacco too?

Yes. It is unlawful to sell or give any tobacco product to minors under 18. (PC 308)

A pupil in elementary or junior high school who smokes or has tobacco on school property can be suspended or expelled. (EC 48900, 48901)

SOURCE: Laws For Youth. Seventh District, California Congress of Parents and Teachers and the Kern County Probation Department. 1985. pp. 1-4.

ABBREVIATIONS

B&P = California Business and Professions Code
H&S = California Health and Safety Code
PC = California Penal Code
Ed Code = California Education Code

SIGNS OF DRUG USE

Changing patterns of performance, appearance, and behavior may signal use of drugs. The items in the first category listed below provide direct evidence of drug use; the items in the other categories offer signs that may indicate drug use. For this reason, adults should look for extreme changes in children's behavior, changes that together form a pattern associated with drug use.

Signs of Drugs and Drug Paraphernalia

Possession of drug-related paraphernalia such as pipes, rolling papers, small decongestant bottles, or small butane torches.

Possession of drugs or evidence of drugs, peculiar plants, or butts, seeds, or leaves in ashtrays or clothing pockets.

Odor of drugs, smell of incense or other "cover-up" scents.

Identification with Drug Culture

Drug-related magazines, slogans on clothing.

Coversation and jokes that are preoccupied with drugs.

Hostility in discussing drugs.

Signs of Physical Deterioration

Memory lapses, short attention span, difficulty in concentration.

Poor physical coordination, slurred or incoherent speech.

Unhealthy appearance, indifference to hygiene and grooming.

Bloodshot eyes, dilated pupils.

Dramatic Changes in School Performance

Distinct downward turns in student's grades - not just C's to F's, but from A's to B's and C's. Assignments not completed.

Increased absenteeism or tardiness.

Changes in Behavior

Chronic dishonesty (lying, stealing, cheating). Trouble with the police.

Changes in friends, evasiveness in talking about new ones.

Possession of large amounts of money.

Increasing and inappropriate anger, hostility, irritability, secretiveness.

Reduced motivation, energy, self-discipline, self-esteem.

Diminished interest in extracurricular activities and hobbies.

SOURCE: What Works: Schools Without Drugs. United States Department of Education. 1986. pp. 16.

SPECIFIC DRUGS AND THEIR EFFECTS
CANNABIS

EFFECTS

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

SOURCE: What Works: Schools Without Drugs. United States Department of Education. 1986. pp. 59-67.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco Gold Thai Sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally Smoked
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish Oil	Hash Oil	Concentrated syrupy liquid varying in color from clear to black	Smoked-mixed with tobacco

INHALANTS

EFFECTS

Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates, and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain hemorrhage.

Deeply inhaling the vapors, or using large amounts over a short period of time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets	Propellant for whipped cream in aerosol spray can Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb)	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chlorohydrocarbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

STIMULANT: COCAINE

EFFECTS

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Blow Nose Candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages Injected Smoked
Crack or cocaine	Crack Freebase rocks Rock	Light brown or beige pellets - or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

OTHER STIMULANTS

EFFECTS

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed Uppers Ups Black Beauties Pep Pills Copilots Bumblebees Hearts Benzedrine Dexedrine Footballs Biphetamine	Capsules Pills Tablets	Taken orally Injected Inhaled through nasal passages
Methamphetamines	Crank Crystal Meth Crystal Methedrine Speed	White powder Pills A rock which resembles a block of paraffin	Taken orally Injected Inhaled through nasal passages
Additional Stimulants	Ritalin Cylert Preludin Didrex Pre-State Voranil Tenuate Tepanil Pondimin Sandrex Plegine Ionamin	Pills Capsules Tablets	Taken orally Injected

DEPRESSANTS

EFFECTS

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers Barbs Blue Devils Red Devils Yellow Jacket Yellows Nembutal Seconal Amytal Tuinals	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Tablets Capsules	Taken orally

HALLUCINOGENS

EFFECTS

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders - depression, anxiety, and violent behavior - also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel Dust Loveboat Lovely Hog Killer Weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked-can be sprayed on cigarettes, parsley, and marijuana
Lysergic Acid Diethylamide	LSD Acid Green or Red Dragon White Lightning Blue Heaven Sugar Cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs-chewed, swallowed, or smoked Tablets and capsules-taken orally
Psilocybin	Magic mushrooms Mushrooms	Fresh or dried mushrooms	Chewed and swallowed

NARCOTICS

EFFECTS

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown Sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tar-like substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with Codeine Tylenol with Codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's Powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other Narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

DESIGNER DRUGS

EFFECTS

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease - uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analogs of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder resembling heroin	Inhaled through nasal passages Injected
Analogs of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin) MPPP PEPAP	White powder	Inhaled through nasal passages Injected
Analogs of Amphetamines and Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analogs of Phencyclidine (PCP) (Hallucinogens)	PCPy PCE TCP	White powder	Taken orally Injected Smoked

SOURCES OF INFORMATION

TOLLFREE INFORMATION

1-800-554-KIDS THE NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH (NFP).

A national information and referral service that focuses primarily on preventing drug addiction in children and adolescents. By referral to the caller's "State networker" or a member group in the caller's community, NFP also provides assistance to anyone concerned about a child already using alcohol or drugs. Call between 9:00 a.m. and 5:00 p.m. (Eastern time).

1-800-241-9746 PRIDE DRUG INFORMATION LINE.

A national resource and information center, Parents' Resource Institute for Drug Education (PRIDE) refers concerned parents to parent groups in their State or local area, gives information on how parents can form a group in their community, provides telephone consulting and referrals to emergency health centers, and maintains a series of drug information tapes that callers can listen to, free-of-charge, by calling after 5:00 p.m.

1-800-638-2045 NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

A national information service that provides technical assistance to individuals and groups wishing to start drug prevention programs. Currently, the program focuses on the establishment of the "Just Say No To Drugs" clubs.

1-800-662-HELP NIDA HOTLINE.

NIDA Hotline is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug abuse are also distributed in response to inquiries.

1-800-COCAINE COCAINE HELPLINE.

A round-the-clock information and referral service. Reformed cocaine addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

"JUST SAY NO" CLUBS

INTRODUCTION

In 1985, fourth and fifth graders at Peralta Year Round School in Oakland, California, started the first "Just Say No" Club. Since that time, thousands of young people across the United States have formed their own "Just Say No" Clubs, and thousands more have joined. Excitement about this movement has been felt by people in all walks of life. First Lady Nancy Reagan expressed her wish for 1986 that every youngster in the world join the "Just Say No" Clubs. The National Broadcasting Company (NBC) produced a special episode of the popular "Punky Brewster Show" about how kids can band together to say "no" to drugs. The Optimists have chosen the "Just Say No" Club movement as one of their major programs for the coming year. The National Institute on Drug Abuse has dedicated valuable resources to support the growing numbers of clubs. And most importantly, young people themselves have recognized the importance and power of "Just Say No" Clubs that enable them to stand together against the destructive potential of drugs.

For the first time in this country, a program developed by and for young people to prevent drug abuse, using tested peer resistance and peer pressure strategies, holds out hope for the future of our children. Through membership in "Just Say No" Clubs, young people ages 7-14 can participate in a movement to resist drug abuse and reinforce healthy, productive lifestyles.

Saying "no" to drugs is a simple but profound message for young people and for those who care about them. The more young people who are able to resist peer pressure to use drugs, the more likely this country is to see a generation strong enough to live in a drug-free environment.

"JUST SAY NO" CLUBS

"Just Say No" Clubs have a lot in common. They are formed by young people in schools, community organizations, youth clubs, and churches and synagogues. They are supported and guided by adults in all walks of life. The clubs provide a mechanism

SOURCE: Adapted by Dr. Ray Rosecrans, Member, Kern County Citizens Substance Abuse Prevention Advisory Committee from the "Just Say No" Foundation An Educational Kit for Grades 4-6, published by the United States Department of Health and Human Resources, The National Institute On Drug Abuse, and The National Broadcasting Company. 1985.

for public commitments to say "no" to drugs through posters, buttons, booklets, t-shirts and other club identification methods. And most importantly, while saying "no" to drugs, the clubs say "yes" to positive and healthy and fun activities. "Just Say No" Clubs develop their own programs based on what young people believe they should do. Clubs are involved in community service work, recreational and theatrical activities, drug and alcohol education programs, and just having fun.

"JUST SAY NO" CLUB ACTIVITIES

Because children are the heart of the "Just Say No" Club movement, club activities vary with each group and each community. Common to all clubs, however, are the themes of alcohol and drug abuse prevention, promotion of healthy lifestyles, and peer support for "no drug" choices. Club activities can include:

1. "Just Say No" rallies
2. Recreational activities such as bowling leagues, and other sporting events
3. Newsletters
4. Field trips to community installations such as the firehouse, the mayor's office, local businesses, and nursing homes
5. Involvement in community projects
6. Poster and essay contests
7. Career and vocational education through contacts with community mentors

"JUST SAY NO" CLUB RESOURCES

The most important ingredient for clubs is the young people themselves. "Just Say No" Clubs are for youth to create, to plan, to act, and to become part of a nationwide effort to choose a drug-free future. A variety of organizations and resources are available to help you start your own "Just Say No" Club:

The National Institute on Drug Abuse

The National Institute on Drug Abuse (NIDA) is the leading federal agency for drug abuse prevention. Through its Division of Prevention and Communications, NIDA provides materials, technical assistance, and media products, and convenes national meetings and conferences. NIDA's "Just Say No" Clubs resources are included in the following list of services.

1. A toll-free "800" number is available within the continental United States to assist callers who want "Just Say No" Club information. Call:

(800) 638-2045
8:00 AM - 5:00 PM (Eastern time)
Monday through Friday

2. NIDA staff will respond to your letter of inquiry about the "Just Say No" Club movement. Write:

"Just Say No" Clubs
Box 1909
Rockville, Maryland 20852

3. A Booklet that tells how to form your own club is available to all those who contact NIDA about "Just Say No" Clubs.

4. Highlights about club activities are prepared periodically and sent to those who contact NIDA.

5. "Just Say No" Buttons can be ordered free of charge, but are limited to 100 per request. Reproducible art work to enable local manufacture of the buttons may be ordered by contacting the Communications Services Branch, NIDA, Room 10A-46, 5600 Fishers Lane, Rockville, Maryland 20857 or calling (301) 443-1124.

6. "Just Say No" Posters in English and Spanish. Up to 100 posters can be requested free of charge.

7. A Booklet called "Just Say No," designed especially for children and presenting strategies on how to say "no" to drugs, is available in quantities of 50 or fewer.

All materials described can be ordered by calling the "800" number or by writing to the address given on the preceding page. All materials may be reproduced locally.

NIDA's National Clearinghouse for Drug Abuse Information has other materials to supplement "Just Say No" Club activities.

1. Teens in Action is a booklet that profiles 15 young people, ages 14-17, who lead drug-free lives. This booklet describes the problems, challenges, successes and hopes of young people struggling to better their own lives and their own communities through anti-drug and alcohol abuse activities. Teens in Action can be reproduced for use in your school.

Call (800) 638-2045

2. Drug Information Flyer Series, available in English or Spanish, contains pamphlets on marijuana, hallucinogens and PCP, sedative-hypnotics, opiates, inhalants and stimulants and cocaine. This series was developed as part of NIDA's "Just Say No" Media Campaign to provide up-to-date drug information.

You may write or call the Clearinghouse to request their most current publications list (updated every other month). You may also wish to have them place your name on the mailing list to receive announcements of new publications.

National Clearinghouse for Drug Abuse Information
Box 416
Kensington, Maryland 20705
(301) 443-6500

Audiovisual Materials prepared for NIDA's 1984-85 "Just Say No" Media Campaign are available for loan from Mr. Richard Sackett, Communications Services Branch, NIDA, Room 10A-46, 5600 Fishers Lane, Rockville, Maryland 20857; (301) 443-1124. These include a three and one-half minute music video and several public service announcements (PSAs). Three of the PSAs additionally are available closed-captioned for the deaf.

Technical Assistance Services: NIDA can assist you by sending a consultant to your state, local or national program to work with you in planning drug abuse prevention activities. Contact NIDA staff for details at (800) 638-2045 (301) 443-2450 in Maryland.

STATE DRUG AND ALCOHOL ABUSE AGENCIES

Each state and territory has an agency responsible for drug abuse treatment, referral, and prevention programming. Some state agencies will be forming "Just Say No" Club networks, and most can provide technical assistance, materials and information to help support the clubs. See the enclosed list to contact the person in your state agency responsible for "Just Say No" Clubs.

OAKLAND PARENTS IN ACTION

Picking up on the NIDA "Just Say No" theme, Oakland Parents in Action (OPA), Oakland, California, became the catalyst for the formation of the first "Just Say No" Club. This community group of parents has been involved in exciting club developments including new club formation, the "Walk Against Drugs," and other national activities. Materials developed by OPA and the Pacific Institute for Research and Evaluation are described below:

1. "Just Say No": Stop Drug Abuse Before It Starts, a booklet describing the development of "Just Say No" Clubs, and detailing how to form a club and club activities ($2.50 plus $1.00 postage and handling)

2. "Just Say No" T-shirts, bumper stickers, pins, key rings and pencils (Inquire about quantity and price.)

3. "Just Say No" Club News, a newsletter written by club members for other kids

For information, contact:

"Just Say No" Clubs
7101 Wisconsin Avenue
Suite 612
Bethesda, Maryland 20814
(301) 986-0301

Oakland Parents in Action
1401 Franklin Street
Suite 610
Oakland, California 94612
(415) 836-6078

Community Action Against Drugs and Alcohol Abuse (CAADAA)
P.O. Box 1095
Bakersfield, California 93389

STARTING A "JUST SAY NO" CLUB

WHY ORGANIZE A "JUST SAY NO!" CLUB?

A well-organized "Just Say No" Club plays a dual role in a school or community. First, it provides its members with continuing support for maintaining a drug-free lifestyle. Second, every "Just Say No" Club can be instrumental in preventing or reversing the use of drugs and alcohol in its school or community, acting as positive influence on peers to remain drug-free.

In addition, a "Just Say No" Club is an excellent way to help young people avoid all kinds of unacceptable behavior. Although the club's basic goal is helping young people stay drug-free, it also encourages positive behavior in many areas of their lives. Positive peer pressure and support for doing the right thing go a long way toward keeping young people healthy and happy.

After your "Just Say No" Club is established, there is no limit to the variety of activities and projects your club can initiate; in some ways a "Just Say No" Club is like any other club for young people. The basic idea is to get together to have a good time and be involved in activities that are both constructive and fun. The club offers support both for leading a drug-free lifestyle and for achieving positive goals for the school or community.

ESSENTIAL ELEMENTS FOR CLUB SUCCESS

A key to the club's success is the organizer or organizers. This may be one person or a team of individuals working together such as high school students, counselors, teachers or other school personnel, parents, youth workers, law enforcement personnel, members of the clergy or other interested members of the community. The organizers must be enthusiastic, willing to make the commitment to establish the club, recruit captains, assist the club members in setting up activities, and to attend regular meetings.

SOURCE: Adapted by Dr. Ray Rosecrans, Member, Kern County Citizens Substance Abuse Prevention Advisory Committee from the "Just Say No" Foundation An Educational Kit for Grades 4-6, published by the United States Department of Health and Human Resources, The National Institute On Drug Abuse, and The National Broadcasting Company. 1985.

An important element in starting a club is to recruit as club captains upper elementary or junior high school students who are strong leaders. Recruitment of new members is one of the captain's main responsibilities. He or she also chairs meetings of the club and assists the organizer in developing agendas for the meetings and in planning activities.

"Just Say No" clubs are designed for children between the ages of seven and twelve. Teenagers, however, may serve as mentors of younger children in a club that combines different age groups. Remember that children are much more likely to join a "Just Say No" club if they are asked to join by one of their peers. In fact, the concept of positive peer pressure is essential to a club's success.

It is suggested that club leaders or captains secure sponsors such as P.T.A.'s, local businesses, civic groups, parents, etc., for the financial support of their clubs.

AT THE FIRST "JUST SAY NO" CLUB MEETING

Upon approval of the initial application, "Just Say No" club leaders, captains or sponsors should schedule an organizational meeting for new members to discuss the following agenda items.

1. Objectives for the club
2. Pledges to remain drug and alcohol free
3. Requirements for membership:
    a. Discuss booklet "Users are Losers" so members can discuss it with parents
    b. Take test on booklet "User are Losers"
    c. File application for membership signed and approved by parents
4. Plan future activities (meetings, films, speakers, picnics, rallies, field trips, designing club banner, etc.)

"JUST SAY NO"

PLEDGE

I pledge to lead a drug-free life. I want to be healthy and happy. I will say "No" to alcohol. I will say "No" to tobacco. I will say "No" to illegal drugs. I will help my friends say "No." I pledge to stand up for what I know is right.

SOURCE: "Just Say No" Foundation An Educational Kit for Grades 4-6, published by the United States Department of Health and Human Resources, The National Institute On Drug Abuse, and The National Broadcasting Company. 1987.

BOOKS FOR STUDENTS IN THE INTERMEDIATE GRADES AN ANNOTATED SUBSTANCE ABUSE BIBLIOGRAPHY

Hyde, Margaret O. Gr. 4 - 8
Know About Alcohol. McGraw-Hill, 1978.

Straight forward in style, this book provides readers with explanations of what alcoholic beverages are and what effects alcohol has on the body. Common symptoms of alcohol abuse are described and special attention is given to the question of young problem drinkers. Organizations providing further information and a list of additional readings are appended. (1,3)*

Hyde, Margaret O. Gr. 4 - 6
Know About Drugs. 2nd ed. McGraw-Hill, 1979

This short and concise book presents accurate information for readers on drugs and their effects. Marijuana, coca and cocaine, PCP, heroin, downers, and hallucinogens are covered, including their usual effects and the reasons for their use or abuse. Cigarettes and alcohol also are discussed in a straightforward style. Other sections of the book discuss the choices people make in the use of these legal or illegal drugs. (1)*

Hyde, Margaret O. Gr. 4 - 8
Know About Smoking. McGraw-Hill, 1983.

Hyde's message is firm: "Don't start smoking and you'll never have to worry about quitting." Perhaps most useful is the section that gives readers tips on how to say no and sample refusals to use when peers pressure them to take a puff. Hyde also gives a history of tobacco and cigarettes as well as carefully outlining the dangers of smoking. A bibliography and a list of anti-smoking organizations is appended. (1)*

Madison, Arnold Gr. 3 - 6
Drugs and You. Messner, 1982.

Madison discusses the major drugs in use today, their history, their effects on the mind and body, their harmful and beneficial uses, and the control of illegal drug traffic. (1, 2:A)*

Seixas, Judith S. Gr. 2 - 4
Alcohol - What It Is, What It Does. Greenwillow, 1977.

Much of Seixas' text explains the various effects of alcohol on the body. Alcoholism itself is defined as a sickness, and readers are reassured that they are not the cause of any problem drinker in their family. Alcoholism is discussed as a disease and as a social problem, and sources of help for alcoholics and their families are listed. (1, 2:AA)*

Seixas, Judith S. Gr. 2 - 4
Tobacco: What It Is, What It Does. Greenwillow, 1981.

This is a simple introduction to facts about smoking, including how smoking started, the effects of smoking on health, and why people smoke. The anti-smoking case is well-documented with physiological explanations. (1, 2:AA)*

Silverstein, Alvin Gr. 4 - 8
Alcoholism. Lippincott, 1975.

This very readable presentation of facts about alcohol does not preach to young readers. It does, however, provide them with information on alcoholism. Also included is a discussion of drugs used in treating alcoholics and a section on living with an alcoholic parent. (1)*

Sonnett, Sherry Gr. 4 - 8
Smoking. Watts, 1977.

Sonnett presents a simple account of the consequences of smoking, describing the adverse effects of tobacco on the normal physiology of the heart and lungs. (1)*

Stwertka, Eve Gr. 5 - 8
Marijuana. Watts, 1986.

The author clearly discusses the history and chemistry of marijuana as well as its uses as a recreational drug and in medical research. While presenting a balanced discussion of issues such as legalization and medical uses, the author takes a very strong position against marijuana. A bibliography, as well as a list of names and addresses of concerned organizations, is included. (1)*

Tobias, Ann Gr. 3 - 4
Pot: What It Is, What It Does. Greenwillow, 1979.

Tobias presents an introduction to the basic facts about marijuana. (2:A)*

Woods, Geraldine Gr. 3 - 4
Drug Use and Drug Abuse. Watts, 1986.

This book outlines the medicinal and recreational use of various drugs including narcotics, amphetamines, tobacco, alcohol, and over-the-counter drugs such as aspirin and cough syrups. Addresses for a limited number of drug treatment facilities are included. (1)*

*Sources recommending these books:

I. Children's Catalog. H.W. Wilson, 1986.
Children's Catalog. 1987 Supplement, H.W. Wilson, 1987.

2. Museum of Science and Industry Basic List of Children's Science Books 1973-1984, American Library Association, 1985. Museum of Science and Industry Basic List of Children's Science Books 1986. American Library Association, 1986. [AA is the highest recommendation. Recommendations range from AA (highest) to C (lowest).]

3. Science Books for Children. Selections from Booklist. 1976-1983. American Library Association, 1985.

ANNOTATED 16MM FILM TITLES

These films and video cassettes are available through the Kern County Superintendent of Schools Office, Instructional Resources Center at (805) 398-3759. Telephone orders will be accepted between 8:30 a.m. and 4:30 p.m. up to one day before these items are needed.

Media materials will be scheduled for a one-week loan period on a first-come first-served basis.

MP 674 ALMOST EVERYONE DOES
4-8 14 MIN WOMBAT '71

Examines the widespread need to "take something" in order to change the way one feels. Relates this practice to potential drug abuse.

MP 541 BE SMART - DON'T START
4-12 11 MIN FILMSW '70

Discusses the hazards of smoking and the diseases which can result from smoking. Concludes with testimonial statements from teenagers who decided to quit.

MP 5467 CROSS COUNTRY HIGH
4-8 14 MIN BARR '75

Story about a boy who thinks alcohol can solve all his problems. Designed to stimulate consideration of self-reliance, decision making, and resistance to peer pressure.

MP 3568 DON'T GET ANGRY
6-12 12 MIN EBEC '53

Explains anger as natural and universal emotion and discusses the release of anger in a socially acceptable manner. Demonstrates effects of anger upon organs of the body.

MP 2292 EYES AND SEEING
20 MIN EBEC '68

Shows and discusses how the eye and its component structures work together.

MP 1015 EYES HAVE IT - OR DO THEY
6-8 11 MIN BFA '70

Compares our eye functions to those of a camera by explaining what happens when light enters the eye.

MP 3582 FEELINGS - DON'T STAY MAD
3-6 15 MIN BFA '72

Discusses why emotions such as anger are natural feelings and suggests how anger can be talked or acted out in positive ways.

MP ??76 FOCUS ON MARIJUANA
?? 15 MIN AMEDFL '71

Presents young people encouraging potential pot users to think before making a decision which could affect the rest of their lives.

MP 9626 HEALTH - OUR PICTURE OF OURSELVES
3-5 11 MIN AIMS '82

Shows youngsters the kinds of experiences that shape self-image. Teaches by positive example how to deal with frustration and disappointment, with negative reactions and with embarrassment.

MP 2645 HEALTH - WRECKERS
6-9 13 MIN FLMFR '74

Contrasts athletic capabilities of healthy athletes and young people with capabilities impaired by alcohol, drugs, and tobacco.

MP 1521 HEALTHWISE - SNIFFLES, SNEEZES, AND CONTAGIOUS DISEASES
K-6 14 MIN CORF '82

See how our bodies defend against germs. Animation shows immune system, coughing, sneezing, and fever explained. How to avoid spreading colds.

MP 8276 HUFFLESS, PUFFLESS DRAGON
4-8 8M MIN AMCS '86

Animated cartoon demonstrates the effects of peer pressure on smoking.

MP 8468 HUMAN NERVOUS SYSTEM
6-9 13 MIN CF '81

Animation is used to show the anatomy of the human nervous system. Explains reflex action and autonomic functions. Describes roles of neurons, medulla, cerebellum, and cerebral cortex.

MP 9639 **HUMAN REPRODUCTION (3RD ED)**
6-8 22 MIN MGHT '81

Provides a sensitive and biologically accurate description of male and female reproductive organs, process of fertilization, and states of prenatal development. Requires administrative clearance.

MP 7085 **I AM**
6-8 22 MIN MGHT '81

Explores factors involved in the development of a positive self-image.

MP 7086 **I THINK**
6-8 19 MIN WOMBAT '70

Discusses the difficulties facing children today as they endeavor to develop individual identities.

MP 599 **LEO BEUERMAN**
6-13 14 MIN CORF '69

Documents the life of Leo Beuerman, physically handicapped since birth, describing his ability to overcome diversity and his philosophy of life.

MP 7383 **MAN - THE INCREDIBLE MACHINE**
4-8 28 MIN NGS '75

Uses sophisticated photographic and recording devices to explore the internal structure and functions of the human body. Brief introductory sequence shows unclothed artist's model.

MP 9542 **MARIJUANA ALERT!**
6-12 20 MIN BFA '82

Shows harmful effects of marijuana on human physiology - heart, lungs, reproductive organs, and brain.

MP 3868 **ME AND MY SENSES**
3-5 11 MIN KINGSP '69

On a sensory trip through the zoo, children discover the world of sight, sound, touch, taste, and smell.

MP 8196 OFF YOUR DUFF
5-13 30 MIN LCOA '79

Presents experts, amateurs, and beginners engaged in physical activities. Explains benefits of exercise. Offers advice and suggestions for finding the right kind of exercise.

MP 3880 OUR WONDERFUL BODY - HOW ITS PARTS WORK TOGETHER
3-5 11 MIN CORF '68

Uses life size models to demonstrate how parts of the body work together in different situations.

MP 7612 PHYSICAL FITNESS - IT CAN SAVE YOUR LIFE
6-12 24 MIN EBEC '78

Shows how modern technology tends to subvert physical fitness. Stresses importance of physical fitness to general health. Explains how nutrition and regular exercise are keys to physical fitness.

MP 7053 SEE BETTER - HEALTHY EYES
4-8 10 MIN CORF '74

Reviews sensory importance of sight. Discusses eye structure, function, care, and protection.

MP 2177 SMOKING - A NEW FOCUS
5-12 16 MIN AMEDFL '72

Points out that smoking is a major cause of chronic bronchitis, heart disease, and lung cancer. Also presents smoking as a socially unglamorous habit.

MP 1050 SMOKING - IT'S YOUR CHOICE
6-8 15 MIN HIGGIN '70

Presents the facts about smoking and interviews smoking victims. Uses animation, live action, and contemporary music.

MP 8278 TAKE JOY
3-6 11 MIN AMCS '73

Emphasizes good health habits in relation to the joy of living.

MP 8509 TEETH - SOME FACTS TO CHEW ON
5-8 14 MIN CORF '81

All about teeth - structure, function, diseases, protection, and proper care.

MP 9722 THEN ONE YEAR (REV)
6-8 19 MIN CF '84

Discusses the primary and secondary changes at adolescence in boys and girls.

MP 7369 TOBACCO - THE IDIOT'S DELIGHT
6-12 19 MIN MTVTM '77

Dick Van Dyke uses light touches of satire to debunk sophistication of smoking, but concludes with a deadly serious segment on tobacco addiction.

MP7539 USERS - LOSERS
6-8 20 MIN DACOIA '71

After a traumatic experience with drugs, a junior high student gets help from an older student, and subsequently helps his own little brother. Presents drug facts without moralizing.

MP 6447 YOU
4-6 16 MIN CORF '73

Examines the concepts of empathy in human relations through observation of young brother engaged in a typical sibling argument.

MP 3934 YOU AND YOUR EYES
4 10 MIN DISNEY '57

Describes the structure of the eye, how light is regulated in the eye, and proper care of the eyes.

MP 3936 YOU AND YOUR SENSE OF SMELL AND TASTE
3-5 8 M MIN DISNEY '63

Jiminy Cricket explains the senses of smell and taste in humans as compared to animals. He shows how these two senses act together.

MP 3937 YOU AND YOUR SENSE OF TOUCH
3-5 8 M MIN DISNEY '62

Jiminy Cricket explains the importance of the sense of touch, the four sensations involved, and their effects.

MP 3940 YOU, THE LIVING MACHINE
4 10 MIN DISNEY '58

Digestive process is shown. Emphasizes necessity of eating good foods.

ANNOTATED VIDEO CASSETTE TITLES

VC 9796 BODY HUMAN - FACTS FOR BOYS
6-8 30 MIN TIMLIF '81

Ken Howard hosts. Three boys, ages 10, 12, and 14, discuss male biological functions, burgeoning emotions, and physical changes. Administrative clearance required.

VC 9797 BODY HUMAN - FACTS FOR GIRLS
6-8 23 MIN TIMLIF '81

Marlo Thomas leads pre-adolescent and adolescent girls in informal discussions about their changing bodies and emotions. Illustrations of female biological functions. Clearance required.

VC 6004 EARS HEAR
K-8 10 MIN STANF '84

An inside look at ears, both human and animal. Ears detect sounds in the form of vibrations, and relay them to the brain where they are identified.

VC 3696 FEELINGS - DON'T STAY MAD
3-6 15 MIN BFA '72

Discusses why emotions such as anger are natural feelings and suggests how anger can be talked or acted out in positive ways.

VC 4960 GLUG, THE
5-8 15 MIN CF '81

The kids began drinking for fun and on dares, but Tony can't stop. A crisis finally causes him to accept help from his older sister, herself a recovering alcoholic.

VC 3408 HEALTH - OUR PICTURE OF OURSELVES
3-5 11 MIN AIMS '82

Shows youngsters the kinds of experiences that shape self-image. Teaches by positive example how to deal with frustration and disappointment, with negative reactions, and with embarrassment.

VC 5708 HEALTHWISE - SNIFFLES, SNEEZES, AND CONTAGIOUS DISEASES
K-8 14 MIN CORF '82

See how our bodies defend against germs. Animation shows immune system, coughing, sneezing, and fever explained, how to avoid spreading colds.

VC 4337 HOW MANY WAYS DO WE GROW
4-6 14 MIN BFA '75

Explores the phenomenon of human growth - physically, mentally, emotionally, and socially.

VC 9046 HUMAN REPRODUCTION (3RD ED)
6-8 22 MIN MGHT '81

Provides a sensitive and biologically accurate description of male and female reproductive organs, process of fertilization, and states of prenatal development. Requires administrative clearance.

VC 3396 HUMAN SENSES SERIES - IN TOUCH WITH THE WORLD
3-6 13 MIN NGS '82

Shows how sensory receptors in the skin are triggered by outside stimuli to create sensations that nerve pathways carry to the brain.

VC 3898 HUMAN SENSES SERIES - LEARNING TO SEE
3-6 15 MIN NGS '82

Shows how light enters the eye and creates an upside-down image on the retina, which the brain interprets.

VC 8900 HUMAN SENSES SERIES - LISTEN, HEAR
3-6 15 MIN NGS '82

Shows the three parts of the ear and what happens when sound waves enter the ear.

VC 8901 HUMAN SENSES SERIES - MATTER OF TASTE
3-6 14 MIN NGS '82

Shows how taste information is sent from cells in taste buds on the tongue along nerve pathways to the brain. Student learns four common tastes.

VC 8902 HUMAN SENSES SERIES - ON THE NOSE
3-6 13 MIN NGS '82

Shows how odor molecules released into the air we breathe enter the nose and smell receptors carry the information to the brain.

VC 4365 INSIDE STORY W/SLIM GOODBODY - DIGESTION
3-5 15 MIN AIT '85

Slim gives a step-by-step explanation of digestion. Also explains the roles of different foods in the body.

VC 4206 INSIDE STORY W/SLIM GOODBODY - GLANDS
3-5 15 MIN AIT '85

Slim explores the electrical and chemical partnership between the brain and the endocrine system. Explains functions of the thyroid, pituitary, adrenal, and sex glands.

VC 4119 INSIDE STORY W/SLIM GOODBODY - HEART AND BLOOD
3-5 15 MIN AIT '85

Slim takes a tour of the circulatory system. Features slow and fast heart beats in animals and children and an experiment with circulation and a real human heart beating.

VC 4390 INSIDE STORY W/SLIM GOODBODY - RESPIRATION
3-5 15 MIN AIT '85

Slim shows how breathing works. Traces the path that oxygen takes from the air to the alveoli, capillaries, and body cells, and the path carbon dioxide takes back.

VC 4614 INSIDE STORY W/SLIM GOODBODY - SENSES
3-5 15 MIN AIT '85

Slim uses models to show how the eye, ear, nose, mouth, and skin work with the brain to keep us in touch with the world.

VC 4623 INSIDE STORY W/SLIM GOODBODY - YOUR WHOLE BODY
3-5 15 MIN AIT '84

Slim shows cell structure and how cells are grouped into tissues, organs, and organisms.

VC 3919 KIDS AND DRUGS: THE REASONS WHY
4-6 15 MIN DISNEY '82

Encourages youngsters to make their own decisions while showing them how they can have fun and win social acceptance in more positive ways.

VC 9966 MARIJUANA ALERT
6-12 20 MIN BFA '82

Shows harmful effects of marijuana on human physiology - heart, lungs, reproductive organs, and brain.

VC 4419	**ME AND MY SENSES**		
3-5	11 MIN	BFA	'69

On a sensory trip through the zoo, children discover the world of sight, sound, touch, taste, and smell.

VC 9652	**OUR WONDERFUL BODY - HOW ITS PARTS WORK TOGEHTER**		
3-5	11 MIN	CORF	'68

Uses life-size models to demonstrate how parts of the body work together in different situations.

VC 3094	**PHYSICAL FITNESS - IT CAN SAVE YOUR LIFE**		
6-12	24 MIN	EBEC	'75

Shows how modern technology tends to subvert physical fitness. Stresses importance of physical fitness to general health. Explains how nutrition and regular exercise are keys to physical fitness.

VC 5739	**SKIN - YOUR AMAZING BIRTHDAY SUIT**		
4-8	13 MIN	CORF	'83

Explains function of skin, how skin grows, how fingernails are formed, and examines pores, blood vessels, sweat glands, oil glands, and hair follicles.

VC 8791	**SMOKING - THE CHOICE IS YOURS**		
6-8	11 MIN	DISNEY	'72

Explains the hazards of smoking and deals with self-esteem and peer pressure, the reasons young people begin to smoke. Animated.

VC 2706	**SMOKING AND HEALTH - A REPORT TO YOUTH**		
4-6	13 MIN	BFA	'70

Is smoking worth the chance of getting lung cancer? How parts of the body are affected by smoking.

VC 9733	**THEN ONE YEAR (REV)**		
6-8	19 MIN	CF	'84

Discusses the primary and secondary changes at adolescence in boys and girls.

VC 9037 UNFRIENDLY FLORA AND FAUNA
6-12 15 MIN CORF '80

Viewers learn to recognize many dangerous species and how to avoid injury or illness from them.

VC8390 WHY SAY NO TO DRUGS
6-12 16 MIN EBEC '86

Three dramatizations show young people saying no to drugs.

VC 2132 YOU AND YOUR SENSE OF SMELL AND TASTE
3-5 8 M MIN DISNEY '63

Jiminy Cricket explains the senses of smell and taste in humans as compared to animals. He shows how these two senses act together.

VC 1941 YOU AND YOUR SENSE OF TOUCH
3-5 8 M MIN DISNEY '82

Jiminy Cricket explains the importance of the sense of touch, the four sensations involved, and their effects.

ANNOTATED SOUND FILMSTRIP KIT TITLES

FK 7964 **HUMAN BODY - PART 1 (NGS EVALUATION)**
6-12 2FS MIN NGS '80

How the respiratory and digestive systems supply the body. Function of cells and circulatory system in utilizing body supplies.

FK 7965 **HUMAN BODY - PART 2 (NGS EVALUATION)**
6-12 2FS MIN NGS '80

Physiology of support and movement by bones and muscles. How the nervous and endocrine systems send messages and maintain controls.

FK 7963 **HUMAN BODY - PART 3 (NGS EVALUATION)**
6-12 2FS MIN NGS '80

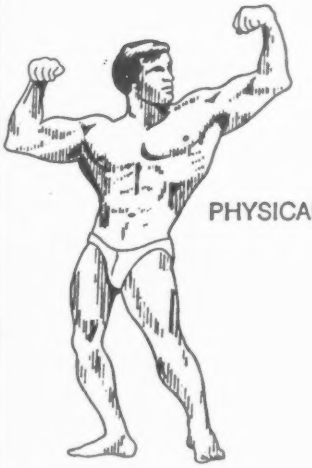
Explains body defenses against diseases. Reviews life stages of reproduction, growth, and change.

UNIT I - HEALTH AND YOU
LESSON 1 - WHAT IS HEALTH?
TRANSPARENCY #1

BRAINSTORMING

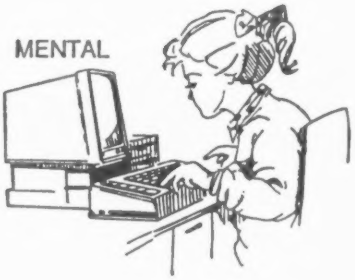
UNIT I - HEALTH AND YOU
LESSON 1 - WHAT IS HEALTH?
TRANSPARENCY #2

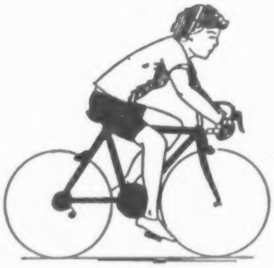
CLUSTERING



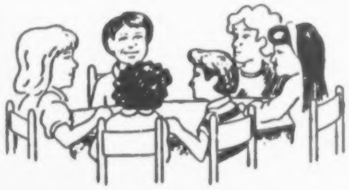
PHYSICAL

MENTAL





HEALTH



SOCIAL

ALERT

UNIT I - HEALTH AND YOU
LESSON 1 - WHAT IS HEALTH?
TRANSPARENCY #3

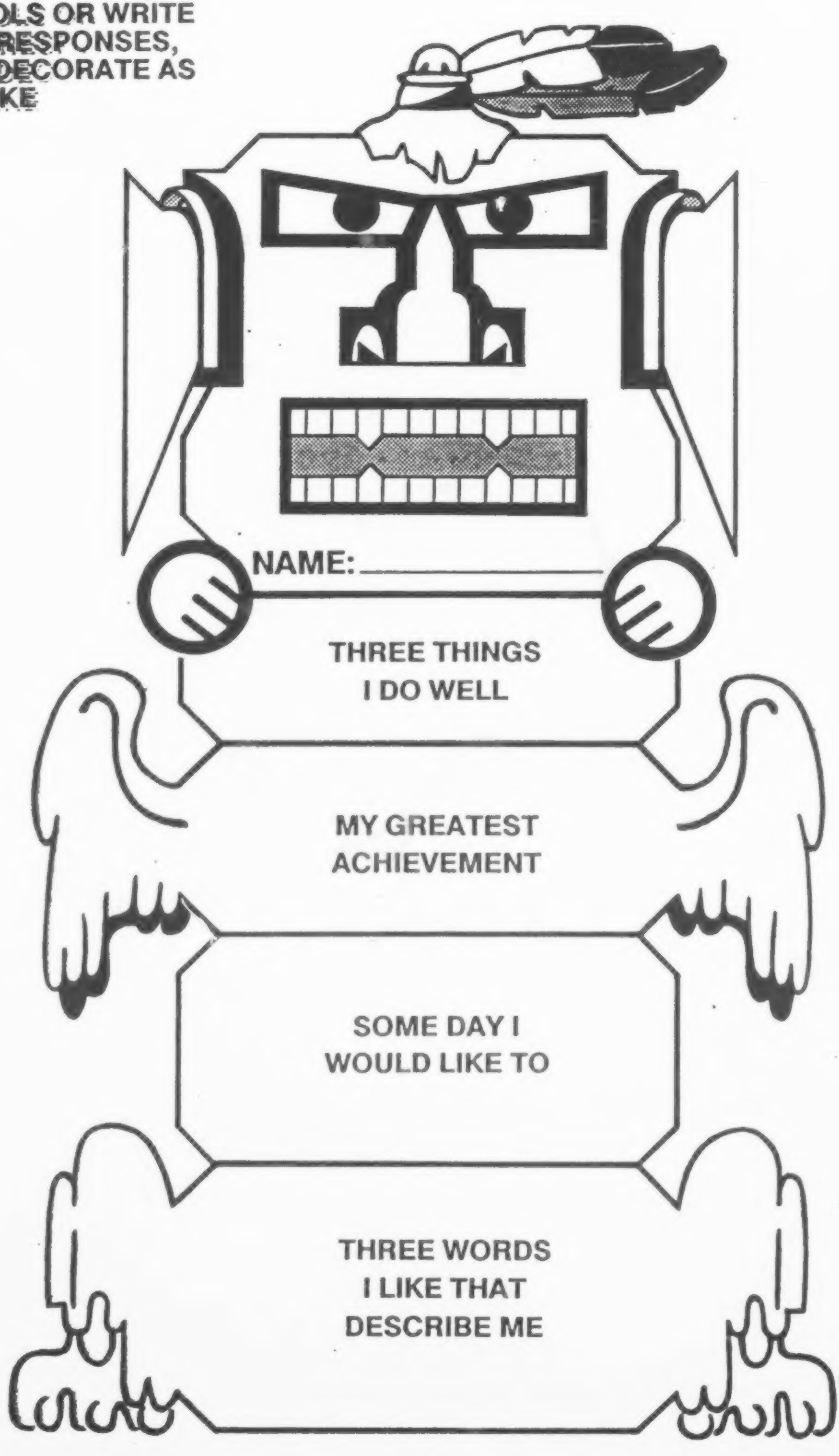
CLASS DEFINITION OF HEALTH

LESSON 2: WHAT WE DO TO BE HEALTHY

	AREA OF HEALTH BENEFITTED		
GOOD HEALTH HABITS	Physical	Mental	Social

INSTRUCTIONS:

DRAW PICTURES, SYMBOLS OR WRITE YOUR RESPONSES, THEN DECORATE AS YOU LIKE


NAME:
THREE THINGS I DO WELL
MY GREATEST ACHIEVEMENT
SOME DAY I WOULD LIKE TO
THREE WORDS I LIKE THAT DESCRIBE ME

UNIT II - DRUGS THAT CAN HELP US
LESSON 6 - WHAT ARE DRUGS AND WHY DO WE USE THEM?
TRANSPARENCY #1

DRUG: A NON-FOOD SUBSTANCE THAT WHEN SWALLOWED, INJECTED, INHALED, OR APPLIED CAUSES CHANGES IN THE BODY

MEDICINE: A DRUG USED TO TREAT ILLNESS OR PAIN

ALERT

WHY ARE DRUGS/MEDICINES USED?

1. TO PREVENT OR REDUCE PAIN AND/OR SYMPTOMS
2. TO KILL GERMS
3. TO PREVENT DISEASE

UNIT II - DRUGS THAT CAN HELP US
LESSON 6 - WHAT ARE DRUGS AND WHY DO WE USE THEM?
TRANSPARENCY #3

THE 2 KINDS OF DRUGS/MEDICINES

1. PRESCRIPTION

2. OVER-THE-COUNTER (OTC)

UNIT II - DRUGS THAT CAN HELP US
LESSON 7 - WHAT'S ON AN OTC LABEL
TRANSPARENCY #1

MAXIMUM STRENGTH RELIEF

for Hay Fever and Allergy ● Runny Nose ● Sneezing ● Watery, Itchy Eyes ● Nasal & Sinus Congestion Which Can Cause Pain

NAME

allerest®

ALLERGY & HAY FEVER MEDICINE

ANTIHISTAMINE / DECONGESTANT

AMOUNT

24 TABLETS

SYMPTOMS

allerest® relieves the symptoms of hay fever, pollen allergies, upper respiratory allergies (perennial allergic rhinitis), allergic colds, sinusitis and nasal passage congestion.

You cannot buy a more effective allergy medicine without a doctor's prescription.

allerest contains an *antihistamine* to relieve the sneezing and runny nose, the itching and watery eyes, itchy nose or throat associated with hay fever, pollen allergies and allergic rhinitis.

allerest contains a *decongestant* to reduce swelling and clear nasal passages, shrink swollen membranes, promote sinus drainage and restore freer breathing through the nose.

Allerest contains no aspirin, no caffeine.

DOSAGE

WARNINGS

DOSAGE: Take 2 tablets every 4 hours. Not to exceed 8 tablets in 24 hours. **Children (6-12):** One-half above dose. **Children under 6:** Consult physician. **WARNING:** Persons with high blood pressure, heart disease, diabetes, or thyroid disease, see physician before using. Since drowsiness may occur, do not drive or operate machinery. If symptoms persist, see your physician. **Keep this and all drugs out of the reach of children.** In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.

INGREDIENTS

ACTIVE INGREDIENTS: Each tablet contains: Phenylpropanolamine HCl, 18.7 mg.; Chlorpheniramine Maleate, 2 mg.

OTHER INGREDIENTS: Dibasic Calcium Phosphate; Dye, FD&C Blue #1 Aluminum Lake; Magnesium Stearate; Microcrystalline Cellulose; Povidone; Pregelatinized Starch; Sodium Starch Glycolate.

3

0235-0585-01

List No. 0585 Printed in U.S.A.

MANUFACTURER PENNWALT CORP. PHARMACRAFT DIVISION ROCHESTER, N.Y. 14623

STORAGE PROCEDURES AND EXPIRATION DATE ON SIDE OF PACKAGE.

NDC 12843-101-20

SEE NEW LABEL

$\$3^{00}$

... AX CAPS

GENUINE BAYER® ASPIRIN

TOLERAID™ MICRO-COATING
SAFE, EFFECTIVE RELIEF
CAFFEINE FREE

200 TABLETS–325 MG. EACH

GENUINE BAYER® ASPIRIN

TOLERAID™ MICRO-COATING
SAFE, EFFECTIVE RELIEF · CAFFEINE FREE

Genuine Bayer Aspirin

Medicine That's Easy to Take

The patented Toleraid™ Micro-Coating makes Genuine Bayer Aspirin easier to swallow than regular aspirin without that bitter taste and burning sensation in the throat. It is 100% pure, fast acting aspirin and is recommended for pain relief of: Headaches • Pain and fever of colds & flu • Muscle aches and pains • For the temporary relief of minor aches and pains of arthritis and rheumatism • Bursitis • Menstrual discomfort • Toothaches.

Ask your physician about new uses for Bayer Aspirin

Genuine BAYER Aspirin also contains: Hydroxypropyl Methylcellulose, Starch and Triacetin.

Caution: If pain persists for more than 10 days, or redness is present, or in conditions affecting children under 12 years of age, consult a physician immediately.

Warnings: Children and teenagers should not use this medicine for chicken pox or flu symptoms before a doctor is consulted about Reye Syndrome, a rare but serious illness. Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a poison control center immediately. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.

The Bayer Company, Glenbrook Laboratories, Div. of Sterling Drug Inc., New York, NY 10016

FOR AGES 6-14

JUNIOR STRENGTH
TYLENOL®

acetaminophen

SWALLOWABLE TABLETS

Fast, effective relief of children's fever and pain...without aspirin

SAFETY SEALED 30 TABLETS-160 mg each

FOR AGES 6-14
JUNIOR STRENGTH
TYLENOL®
acetaminophen
SWALLOWABLE TABLETS

3 0045-0470-15

JUNIOR STRENGTH
TYLENOL SWALLOWABLE TABLETS FOR AGES 6-14
acetaminophen

Junior Strength TYLENOL Swallowable Tablets provide fast, effective temporary relief of fever and discomfort due to colds and flu, and of pain and discomfort due to simple headaches, minor muscular aches, sprains and overexertion.

New Junior Strength TYLENOL is different:

- Requires fewer tablets per dose than other children's fever/pain medications and allows you to give your child the exact dosage needed by age and weight.
- Uniquely shaped, small coated tablets that are easy to swallow.
- Contains no aspirin and is unlikely to cause the side effects that may occur with aspirin.

DOSAGE:

AGE (yr)	Under 6	6-8	9-10	11	12-14
WEIGHT (lb)	Under 48	48-59	60-71	72-95	96 and over
TABLETS	Consult Physician	2	2½	3	4

All dosages should be taken with liquid and may be repeated every 4 hours, but not more than 5 times daily.

WARNING: Do not use if carton is opened or if a blister unit is broken. Keep this and all medication out of the reach of children. In case of accidental overdosage, contact a physician or poison control center immediately. Consult your physician if fever persists for more than three days or if pain continues for more than five days. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product. Not for children who have difficulty swallowing tablets.

See end panel for expiration date. Store at room temperature.
McNEILAB INC., FORT WASHINGTON, PA 19034 USA

© McN 1984

CIGARETTE SMOKING IS THE SINGLE MOST IMPORTANT ENVIRONMENTAL FACTOR CONTRIBUTING TO PREMATURE MORTALITY IN THE UNITED STATES.

Surgeon General of the United States

1979

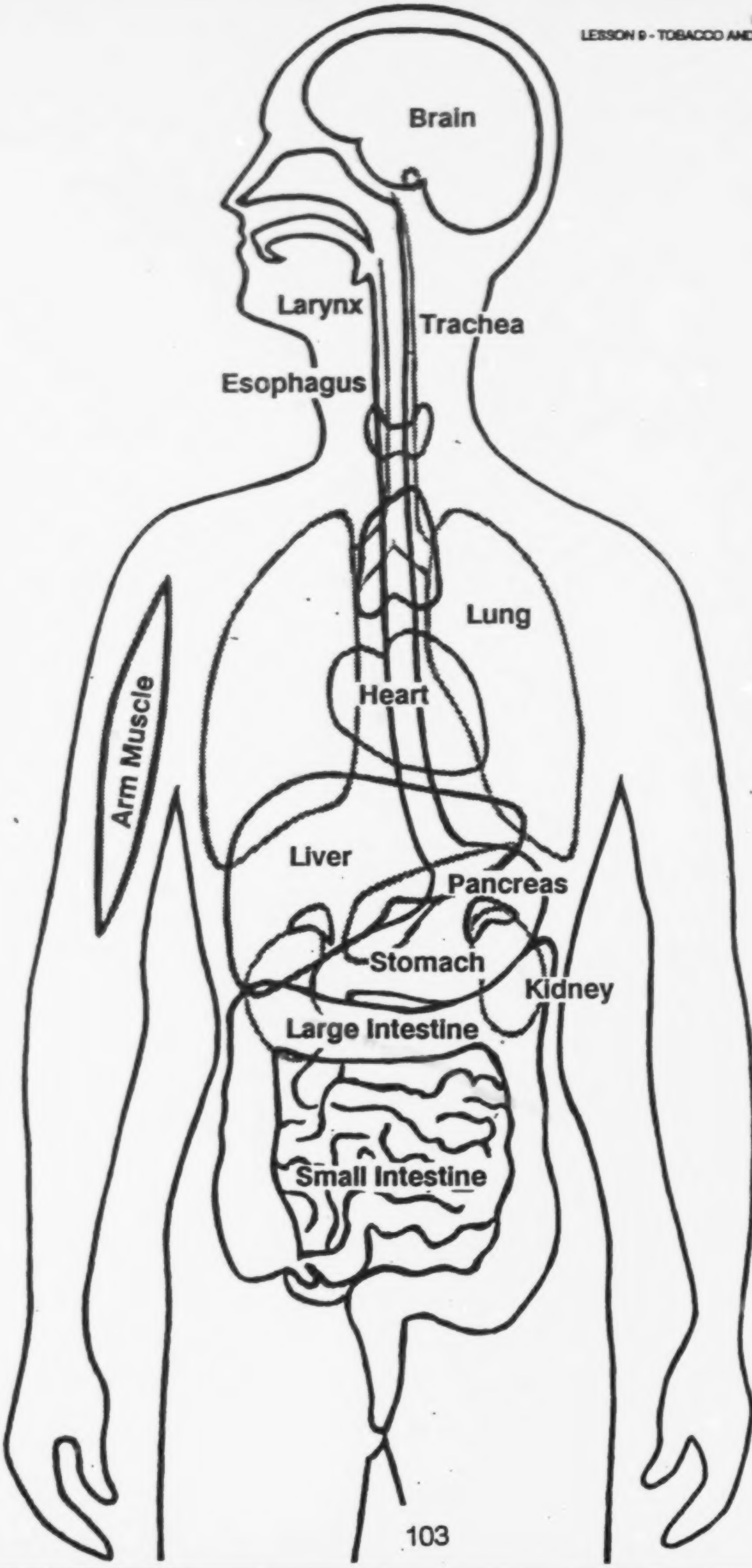
SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, and May Complicate Pregnancy.

WHAT'S IN TOBACCO SMOKE?

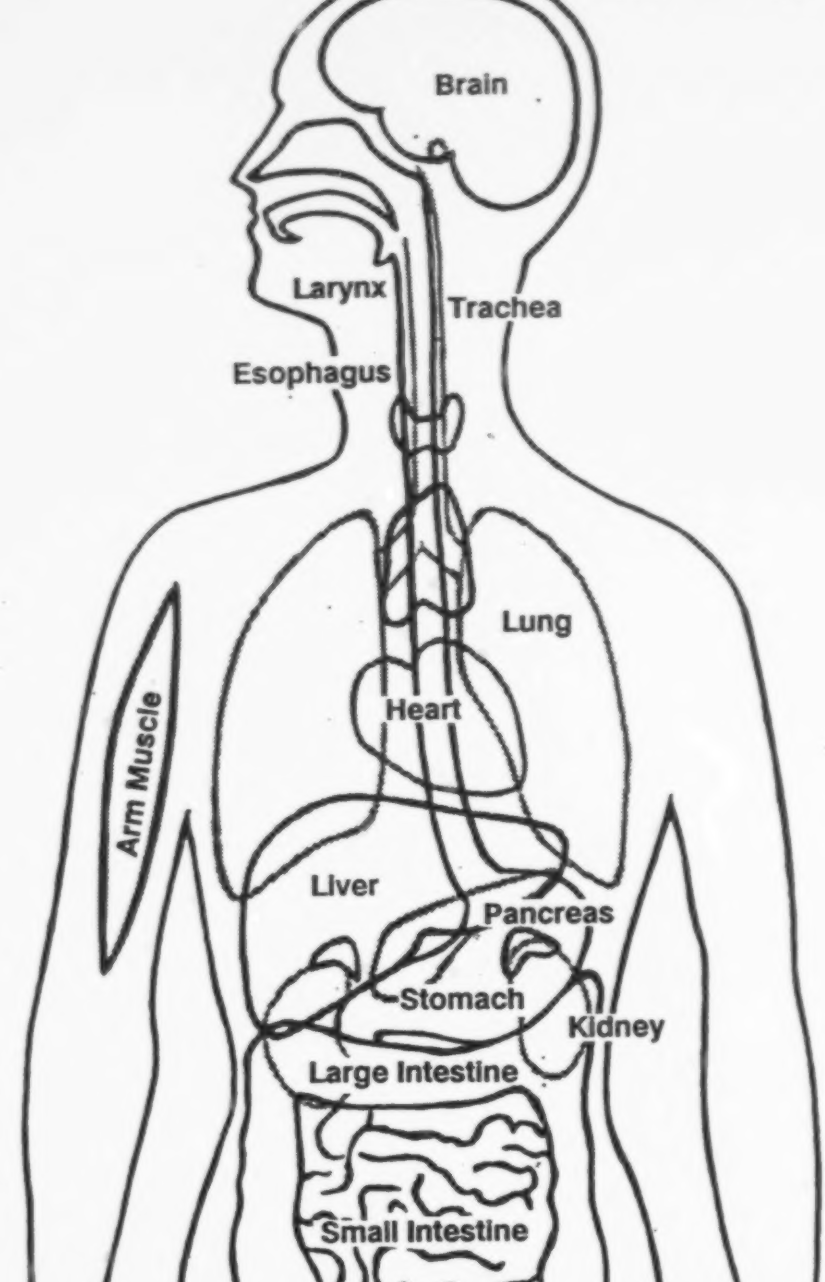
THERE ARE OVER 4000 DIFFERENT CHEMICALS FOUND IN TOBACCO SMOKE.

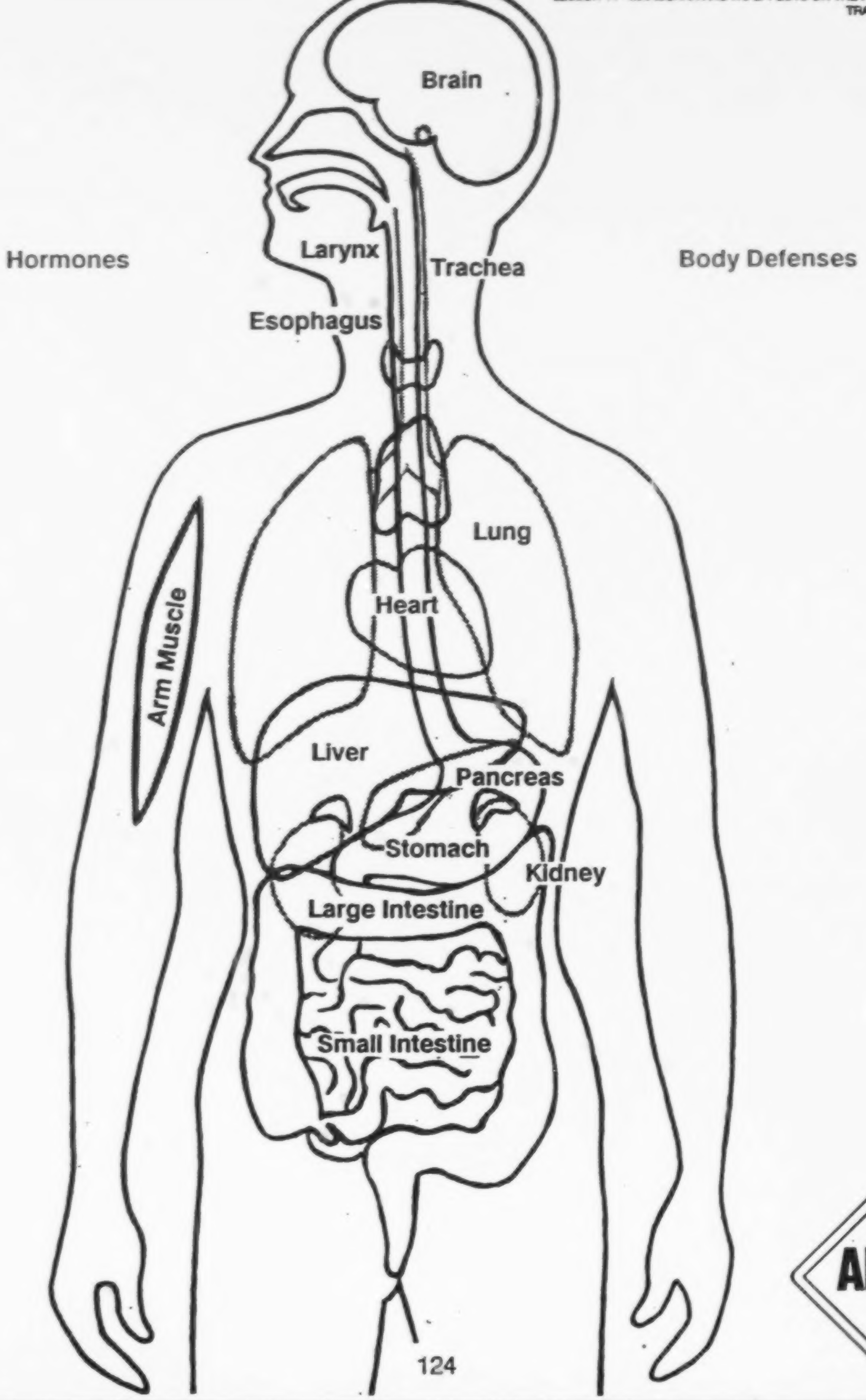
THREE OF THE MOST DANGEROUS ARE:

1. TAR
2. NICOTINE
3. CARBON MONOXIDE


Brain
Larynx
Trachea
Esophagus
Lung
Heart
Arm Muscle
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine

ALERT


Brain
Larynx
Trachea
Esophagus
Lung
Arm Muscle
Heart
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine


Brain
Hormones
Larynx
Trachea
Body Defenses
Esophagus
Lung
Heart
Arm Muscle
Liver
Pancreas
Stomach
Kidney
Large Intestine
Small Intestine

UNIT III - DRUGS THAT CAN HARM US
LESSON 12 - OTHER HARMFUL DRUGS
TRANSPARENCY #1

DRUG
DEPENDENCE

WHEN THE BODY AND/OR MIND NEEDS DRUGS TO FUNCTION.

THERE ARE TWO KINDS OF DRUG DEPENDENCE:

1. PHYSICAL
2. PSYCHOLOGICAL

PHYSICAL DEPENDENCE

PHYSICAL DEPENDENCE OCCURS WHEN DRUG USE CHANGES THE BODY'S CHEMISTRY AND THE DRUG MUST BE TAKEN FOR THE BODY TO FUNCTION.

IF THE DRUG IS NOT PRESENT IN THE BODY, THE PERSON BECOMES ILL. THIS IS CALLED WITHDRAWAL SICKNESS. SYMPTOMS INCLUDE PAIN, VOMITING, SHAKING, AND SWEATING.

PHYSICAL DEPENDENCE IS ALSO CALLED ADDICTION.

PSYCHOLOGICAL DEPENDENCE

PSYCHOLOGICAL REFERS TO THE MIND.

IN PSYCHOLOGICAL DEPENDENCE, THE MIND CRAVES THE DRUG. DRUG USE HAS BECOME A VERY STRONG HABIT.

A PERSON WHO IS PSYCHOLOGICALLY DEPENDENT IS UNABLE TO FUNCTION WITHOUT THE DRUG.

TOLERANCE

THE BODY'S CELLS CAN BECOME USED TO DRUGS BEING PRESENT. WHEN THIS HAPPENS, MORE AND MORE OF THE DRUGS ARE REQUIRED FOR THEIR EFFECTS TO BE FELT.

THIS IS CALLED DEVELOPING TOLERANCE FOR THE DRUG.

HARMFUL DRUGS

1. DEPRESSANTS

2. HALLUCINOGENS

3. INHALANTS

4. NARCOTICS

5. STIMULANTS

DEPRESSANTS

A DEPRESSANT IS A DRUG THAT SLOWS DOWN OR DEPRESSES THE ACTIVITIES OF THE CENTRAL NERVOUS SYSTEM.

DEPRESSANTS CAN CAUSE DIFFICULTY IN WALKING AND TALKING AND CAN CAUSE VISION TO BE DISTORTED.

LARGE DOSES CAN CAUSE A PERSON TO STOP BREATHING, LAPSE INTO A COMA (UNCONSCIOUSNESS) AND DIE.

USING DEPRESSANTS AND ALCOHOL TOGETHER IS EXTREMELY DANGEROUS. THEY ARE BOTH DEPRESSANTS AND WHEN USED TOGETHER THEIR EFFECTS ARE MULTIPLIED. DEPRESSANTS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE.

EXAMPLE	STREET NAMES
BARBITUATES	DOWNERS RED DEVILS YELLOW JACKETS
METHAQUALONE	QUAALUDES LUDES SOPORS

HALLUCINOGENS

A HALLUCINOGEN IS A DRUG THAT CAUSES A PERSON'S SENSES TO BE DISTORTED. THIS MEANS THAT THE BRAIN SEES, HEARS, SMELLS, OR FEELS THINGS DIFFERENTLY THAN THEY REALLY ARE.

HALLUCINOGENS CAN CAUSE A LACK OF COORDINATION, VOMITING, AND BRAIN DAMAGE.

LARGE DOSES CAN CAUSE CONVULSIONS, COMA, HEART AND LUNG FAILURE, AND DEATH.

HALLUCINOGENS CAUSE PSYCHOLOGICAL DEPENDENCE AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
PHENCYCLIDINE	PCP ANGEL DUST
LYSERGIC ACID DIETHYLAMIDE	LSD ACID GREEN DRAGON

INHALANTS

INHALANTS ARE VAPORS (GASES) FROM A VARIETY OF SUBSTANCES THAT ARE INHALED INTO THE LUNGS.

INHALANTS CAN EITHER STIMULATE OR DEPRESS THE CENTRAL NERVOUS SYSTEM.

INHALANTS CAN PERMANENTLY DAMAGE THE CENTRAL NERVOUS SYSTEM AS WELL AS THE HEART, LUNGS, LIVER, AND KIDNEYS.

DEEPLY INHALING THE VAPORS OR USING LARGE AMOUNTS CAN CAUSE CONVULSIONS AND DEATH.

EXAMPLE	STREET NAMES
AMYL NITRITE	POPPERS SNAPPERS
HYDROCARBONS	GLUE PAINT THINNER

NARCOTICS

MOST NARCOTICS ARE MADE FROM THE MILKY JUICE OF THE OPIUM POPPY SEED POD. FOR THIS REASON, NARCOTICS ARE OFTEN REFERRED TO AS OPIATES.

NARCOTICS ARE USUALLY INJECTED INTO THE BODY. BECAUSE OF THIS, NARCOTIC USERS OFTEN SUFFER FROM DISEASES CAUSED BY USING CONTAMINATED NEEDLES.

NARCOTICS CAUSE A FEELING OF EUPHORIA (A FEELING OF HAPPINESS) THAT IS FOLLOWED BY DROWSINESS AND NAUSEA.

LARGE DOSES CAN CAUSE CONVULSIONS, COMA, AND DEATH.

NARCOTICS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
HEROIN	SMACK HORSE
OPIUM	BLACK STUFF TAR

UNIT III - DRUGS THAT CAN HARM US
LESSON 12 - OTHER HARMFUL DRUGS
TRANSPARENCY #10

STIMULANTS

A STIMULANT IS A DRUG THAT SPEEDS UP THE ACTIVITY OF THE CENTRAL NERVOUS SYSTEM.

STIMULANTS CAUSE THE HEART TO BEAT FASTER AND THE BREATHING RATE AND BLOOD PRESSURE TO INCREASE.

STIMULANTS CAN CAUSE HEART AND LUNG FAILURE, AND DEATH.

STIMULANTS CAUSE PHYSICAL AND PSYCHOLOGICAL DEPENDENCE, AND TOLERANCE TO DEVELOP RAPIDLY.

EXAMPLE	STREET NAMES
AMPHETAMINES	SPEED UPPERS HEARTS
COCAINE	COKE SNOW CRACK

DEFINITION

FORMATS

HOW ADVERTISEMENTS APPEAL TO OUR HUMAN NEEDS AND DESIRES

ADVERTISEMENTS TRY TO INFLUENCE US BY APPEALING TO OUR NEED TO:

BELONG

BE ATTRACTIVE

BE MORE GROWN UP/BE MORE YOUTHFUL

BE HEALTHY/PHYSICALLY FIT

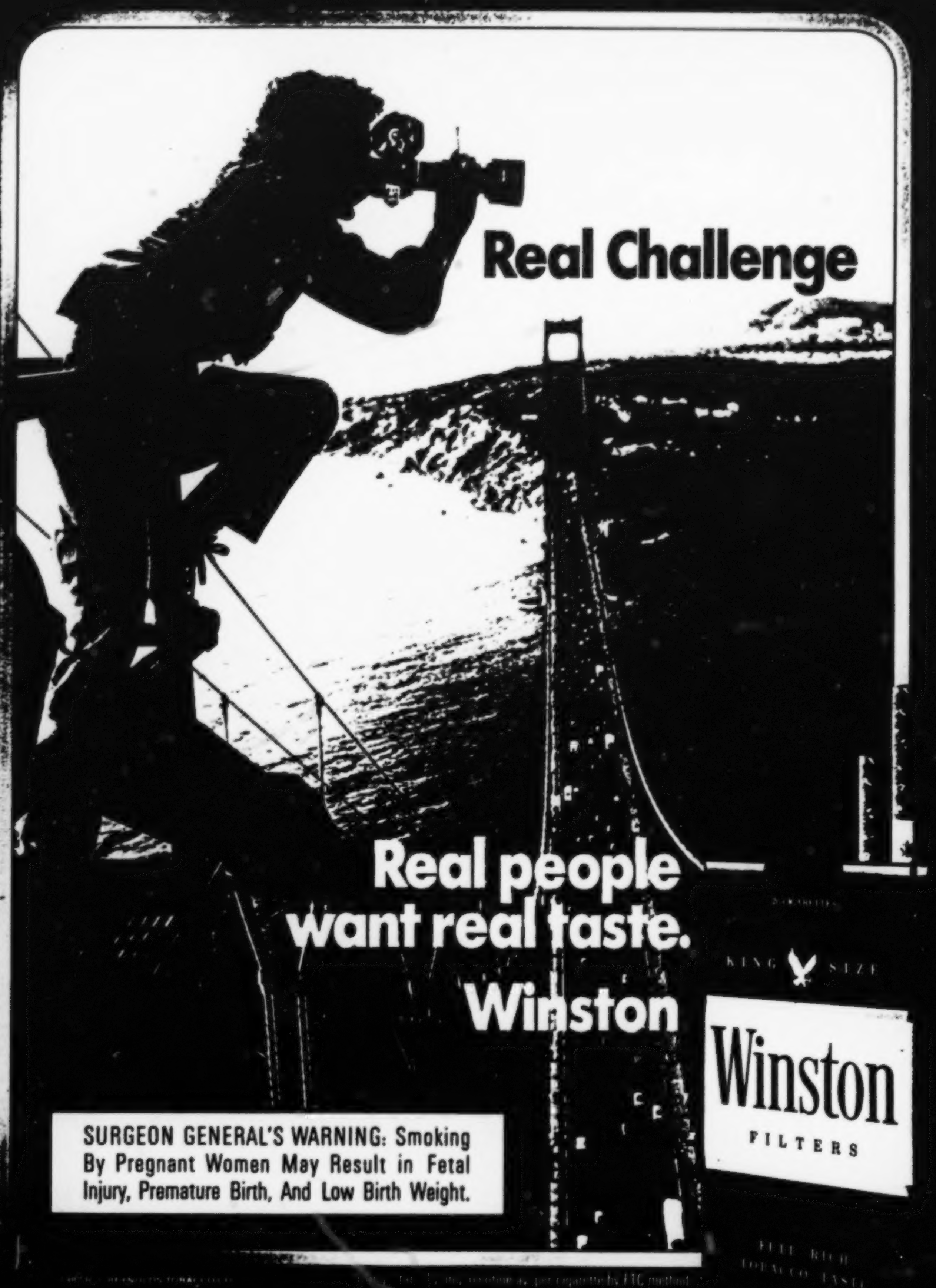
BE MORE ADVENTUROUS/DARING

HAVE FUN

BE SAFE/SECURE

BE INDEPENDENT

BE RESPONSIBLE


Real Challenge
Real people want real taste.
Winston
KING SIZE
Winston
FILTERS
FULL RICH TOBACCO TASTE

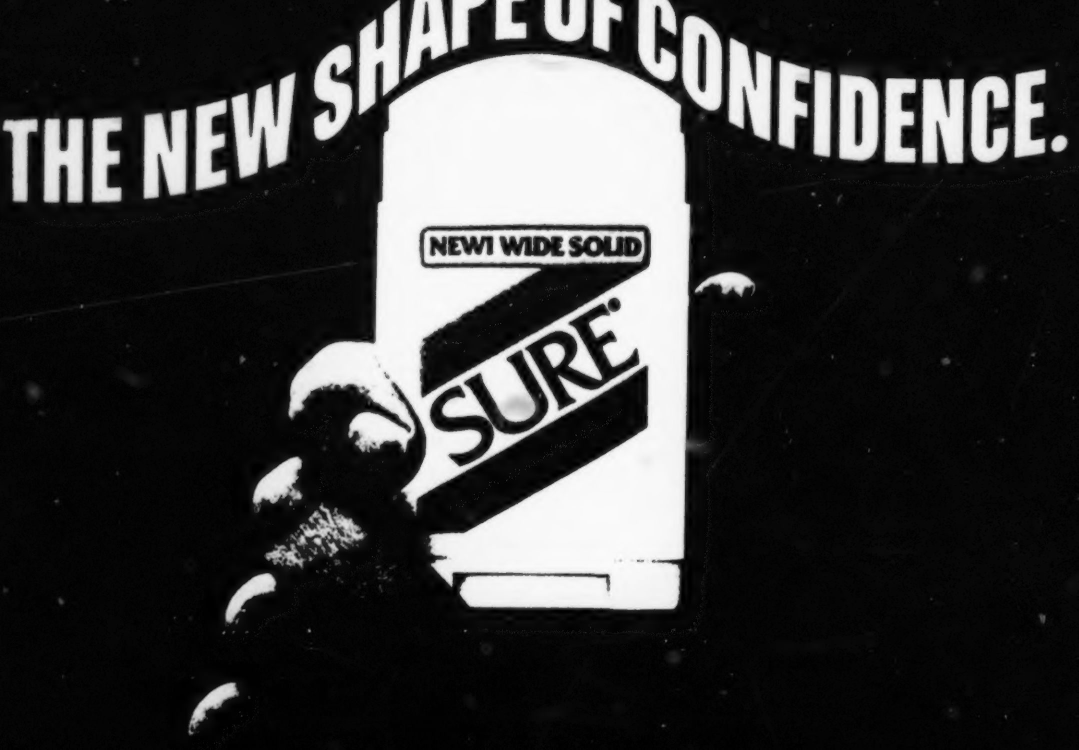
SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

Ho
Ho
Ho
MICHELOB
BEER
MICHELOB
Classic DARK
MICHELOB
Light
Taste in a

Bring our family home for the holidays.

Celebrate the season with your family and ours.
Serve Michelob,* Michelob Light,* and Michelob Classic Dark.*
Very special beers for a very special time.

© 1981, Michelob Beer, Anheuser-Busch, St. Louis


THE NEW SHAPE OF CONFIDENCE.
NEW! WIDE SOLID
SURE

New confidence comes with a curve—the new Sure Wide Solid curve. It's specially designed to give you solid protection from wetness and odor: solid confidence...solid comfort.

ONE MORE SOLID WAY TO FEEL SURE.

IN 30 SECONDS, YOU CAN CHANGE THE SHAPE OF YOUR CHILD'S LIFE.

Scoliosis is a lateral curvature of the spine that affects one in ten people. Maybe your own child.

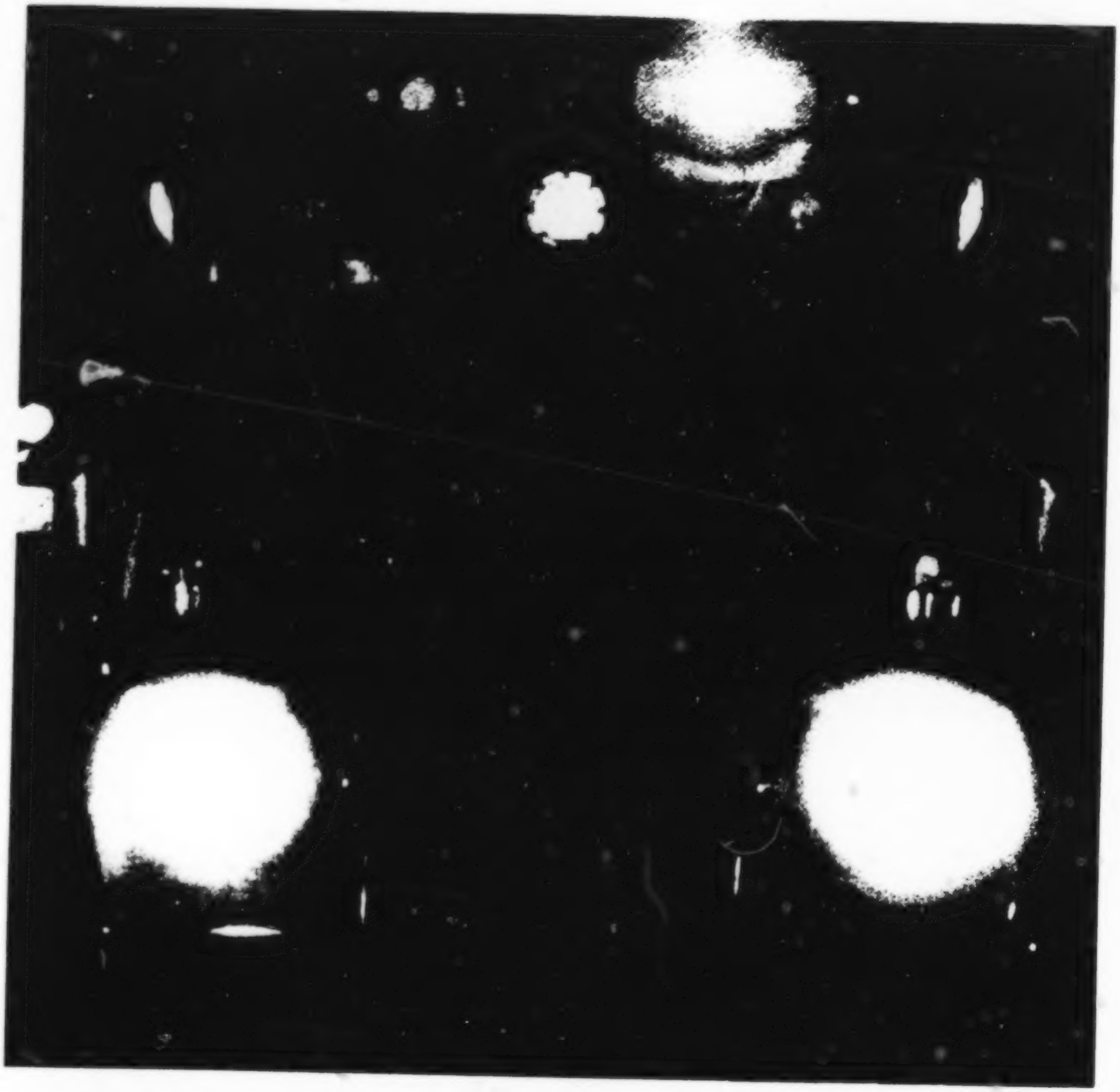
It starts as a slight bend in a growing child's spine, but it can progress to become a dangerous curve. The spine bends sideways; the back deforms, developing a hump on one side. The ribcage can squeeze the lungs and make breathing difficult. But if Scoliosis is detected early, it can be treated effectively. *Before* it becomes a disability.

And all it takes is 30 seconds of your time.

In just 30 seconds, you can screen your child for Scoliosis at home. For a free brochure that shows you how, write:

NATIONAL
SCOLIOSIS
FOUNDATION
93 Concord Ave., Belmont, MA 02178

A PUBLIC SERVICE MESSAGE OF THE ADVERTISING CLUB OF GREATER BOSTON.



This year, 15,000 cocaine users are in for a real rush.

The numbers speak for themselves. In 1985, 13,501 cocaine users in the U.S. were rushed to hospital emergency rooms for emergency treatment. Of those, 660 died.

That was two years ago. This year thousands more people, many trying cocaine for the first time, will get a similar rush — down a busy street or a narrow hospital corridor. They'll discover the truth about cocaine. Cocaine is not safe. Cocaine is not recreational. In any form, cocaine is a serious health risk with deadly side effects. And it's a drug more addictive than heroin.

So the next time you find yourself bending over a line or lifting a spoonful of cocaine, remember, you may be in for more than just a high — you may be in for a real rush.

Information based on National Institute on Drug Abuse statistics

FACE THE FACTS:
DRUGS ARE A DEAD END
Partnership for a Drug-Free America.

[redacted]

LET'S PROTECT OUR GREATEST NATURAL RESOURCE. HELP OUR CHILDREN SAY "NO" TO DRUGS

Open a qualified account and First Interstate Bank will make a donation to the "Just Say No" Foundation. Because the Foundation's goal is to educate school-age children about illegal drugs and drug use prevention, your support represents a real investment in our children's future. You can help us reach our goal to educate almost 1,500,000 children about the dangers of drug use.

Drug Abuse Hurts Everyone

Few problems trouble parents, educators and businesses as deeply as the widespread drug use among school-age youngsters. The effects are indeed sobering: learning disabilities, academic underachievement, even teen suicide. The potential long-term effects of a generation "turned on" and "tuned out" will be costly.

The statistics hardly reflect the real price our society is paying in human terms. According to our state Attorney General, over half our teenagers have tried illegal drugs before they get a driver's license and one in five will try cocaine before graduating from high school.

Teach Children to "Just Say No"

If there is a silver lining in the dark cloud of increased drug use among our youth, it is the increasing number of children choosing to say "no" to drugs. Throughout our state and the country, children themselves are taking a leadership role, banding together to form mutual-support groups called "Just Say No" Clubs with materials provided by the Just Say No Foundation. These children (their numbers are increasing every day) are attempting to establish a new standard of behavior...one that says it's no longer "cool" to try drugs. In fact, the really "cool" thing to do is "just say no."

It's Working

Today, thousands of American children have taken the "Just Say No" pledge to lead healthy, drug-free lives. The movement, whose honorary chairperson is First Lady Nancy Reagan, works so well because it fights negative peer pressure with positive peer support. "Just Say No" Clubs sharpen members' awareness of the dangers of using drugs, encourage critical thinking, self-assertiveness in the face of peer pressure, and open dialogue with parents and others. These clubs offer a most helpful and practical solution...one that delivers prevention as an alternative to a more difficult and costly cure.

INGREDIENTS OF A PERSONAL GOAL

1.
SOMETHING A PERSON WANTS

2.
SOMETHING IN THE FUTURE

3.
SOMETHING THAT CAN BE ACHIEVED

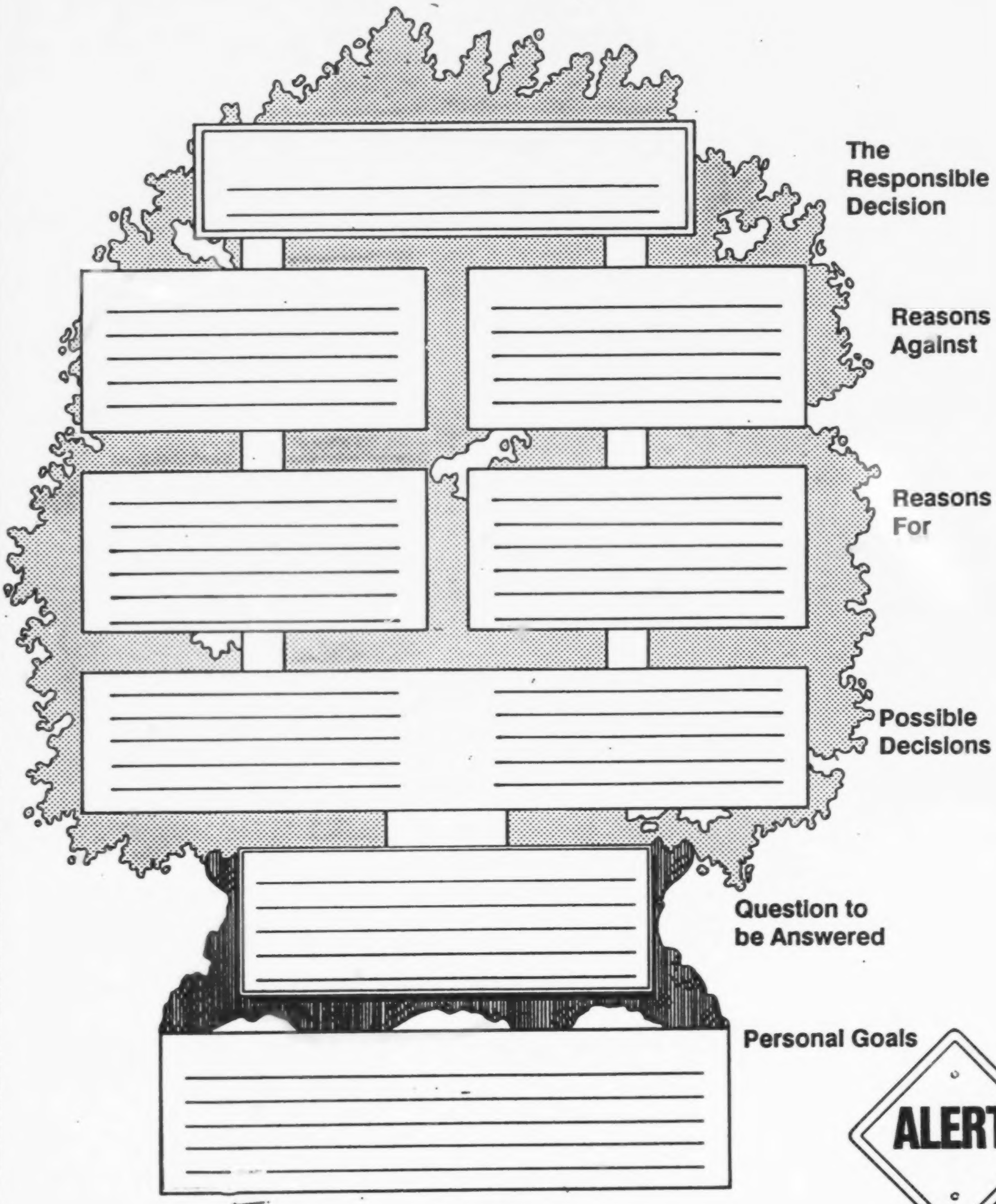
4.
SOMETHING THAT MUST BE WORKED FOR

IDENTIFYING GOALS

DIRECTIONS: Identify each statement below as a (S) short-term goal, (L) long-range goal, or (N) not a goal

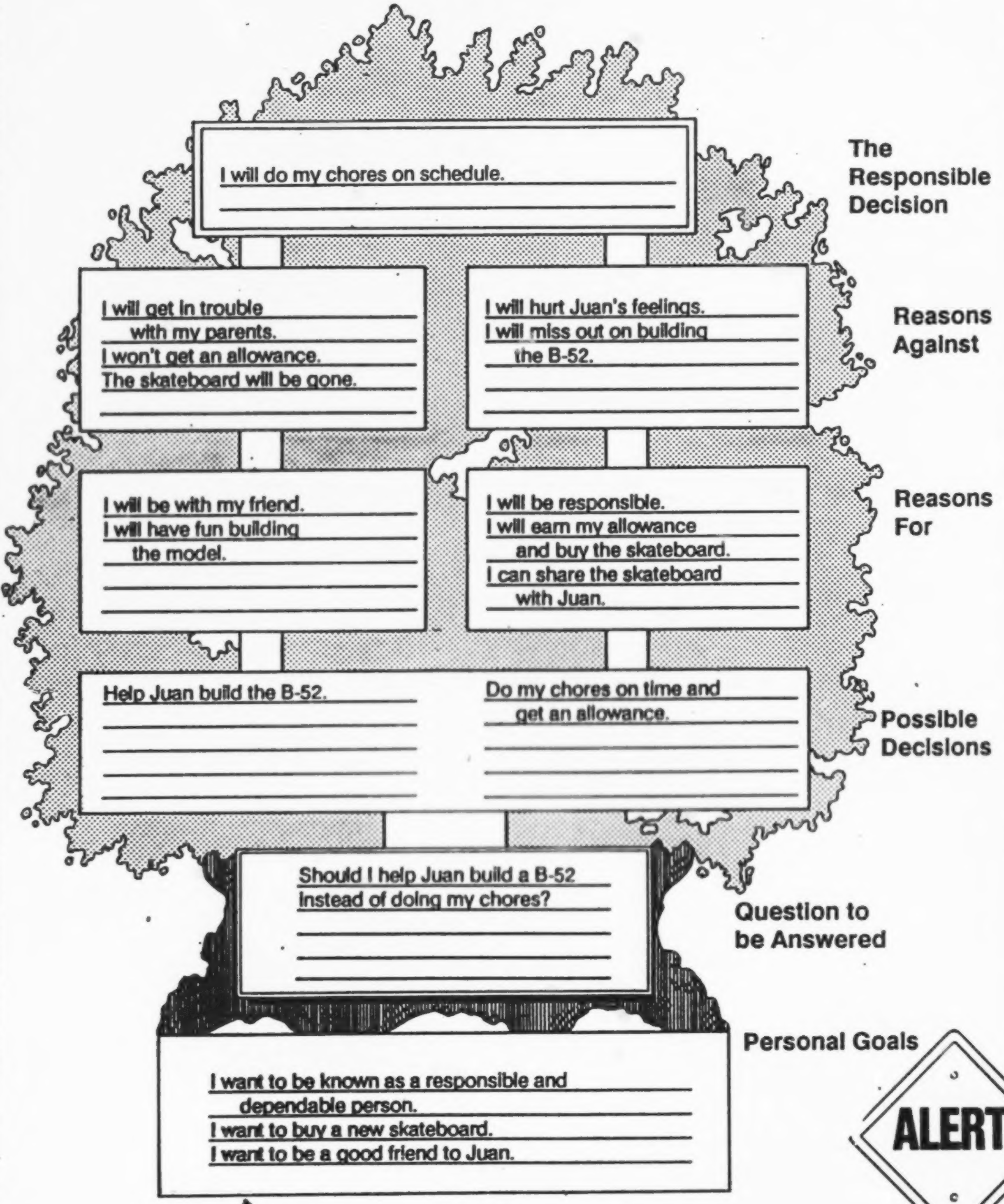
	S	L	N
1. Amy wants to be a lawyer.	☐	☐	☐
2. David wants to go to college.	☐	☐	☐
3. Tina wants to learn how to swim this summer.	☐	☐	☐
4. Ed wants to make the school honor roll this semester.	☐	☐	☐
5. Kim is tall.	☐	☐	☐
6. Andy wants to get an A on his next math test.	☐	☐	☐
7. Carol wants to make the basketball team when she gets to high school.	☐	☐	☐
8. Eric wants to be 6 years old again.	☐	☐	☐
9. Lisa wants to learn how to play the flute.	☐	☐	☐
10. Mark wants to earn three merit badges in scouts this year.	☐	☐	☐

UNIT V - MAKING RESPONSIBLE DECISIONS
LESSON 18 - DECIDING: HOW TO DO IT
TRANSPARENCY #1


The Responsible Decision
Reasons Against
Reasons For
Possible Decisions
Question to be Answered
Personal Goals

ALERT

"CHRIS' DECISION"



The Responsible Decision

I will do my chores on schedule.

Reasons Against

I will get in trouble
with my parents.
I won't get an allowance.
The skateboard will be gone.

I will hurt Juan's feelings.
I will miss out on building
the B-52.

Reasons For

I will be with my friend.
I will have fun building
the model.

I will be responsible.
I will earn my allowance
and buy the skateboard.
I can share the skateboard
with Juan.

Possible Decisions

Help Juan build the B-52.

Do my chores on time and
get an allowance.

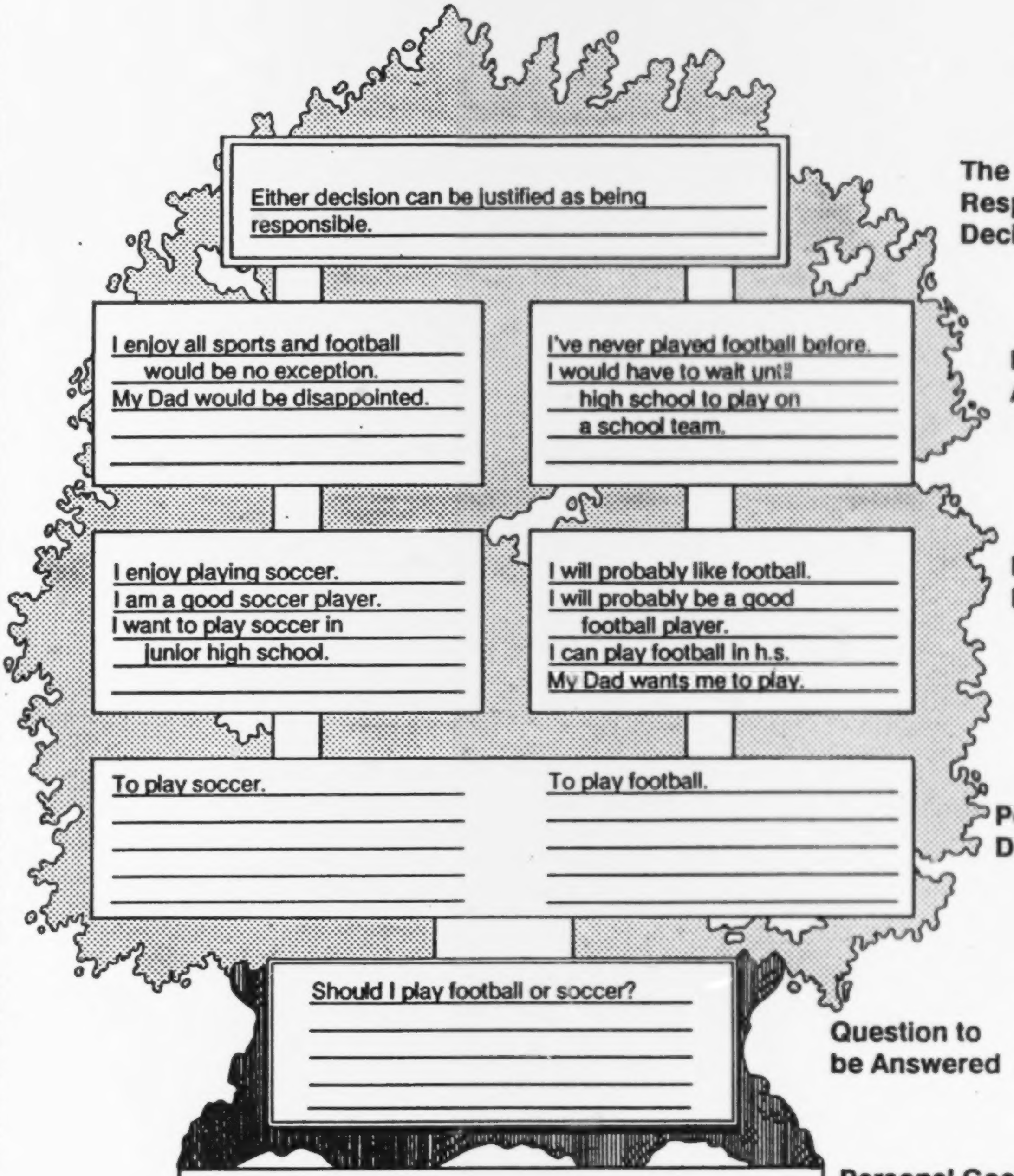
Question to be Answered

Should I help Juan build a B-52
instead of doing my chores?

Personal Goals

I want to be known as a responsible and
dependable person.
I want to buy a new skateboard.
I want to be a good friend to Juan.

"GOALS or TOUCHDOWNS?"



The Responsible Decision

Either decision can be justified as being responsible.

Reasons Against

I enjoy all sports and football would be no exception.
My Dad would be disappointed.

I've never played football before.
I would have to wait until high school to play on a school team.

Reasons For

I enjoy playing soccer.
I am a good soccer player.
I want to play soccer in junior high school.

I will probably like football.
I will probably be a good football player.
I can play football in h.s.
My Dad wants me to play.

Possible Decisions

To play soccer.

To play football.

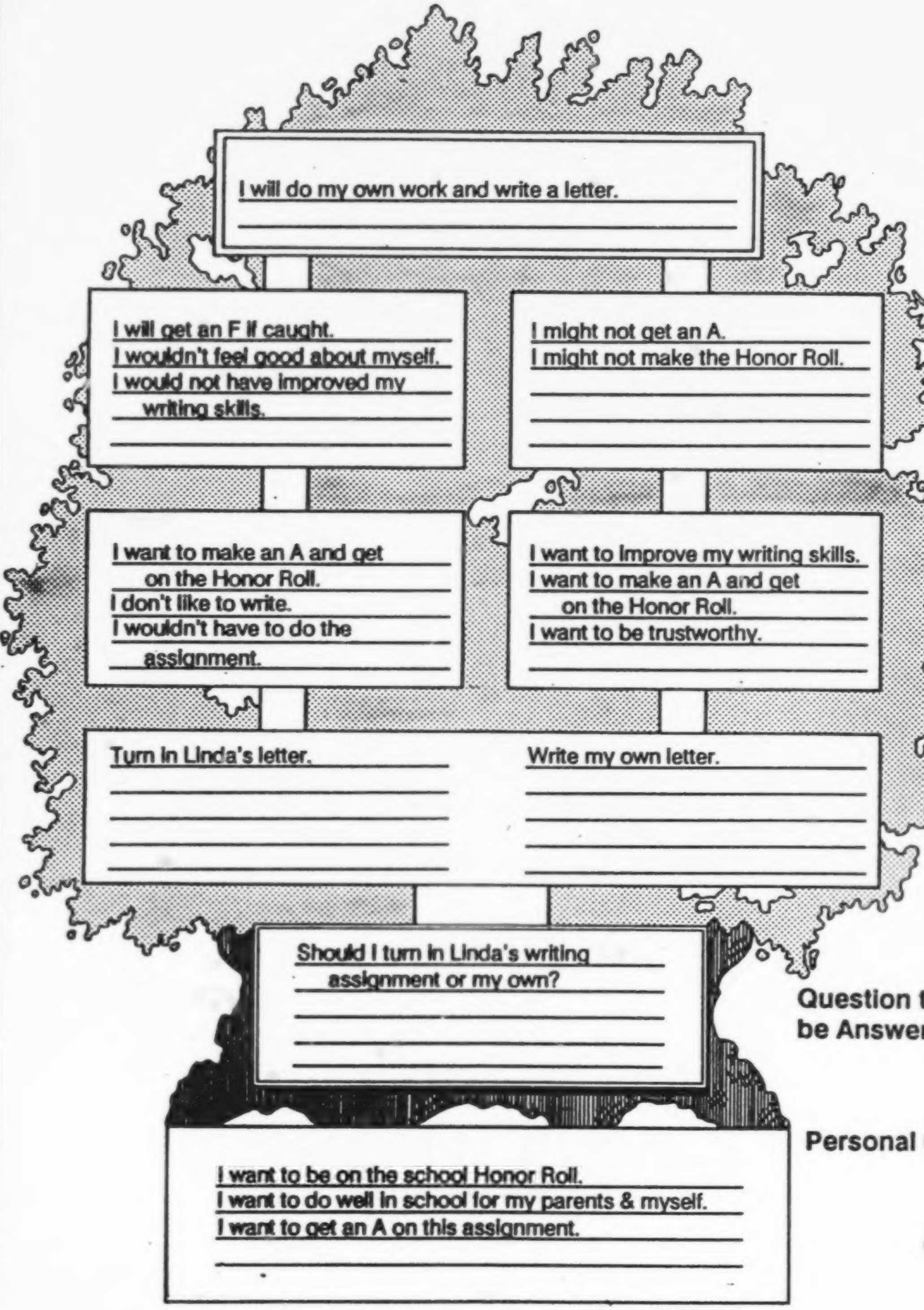
Question to be Answered

Should I play football or soccer?

Personal Goals

I want to play sports.
I want to play on a school team.
I want to please my Dad.

"DEAR ABE"



The Responsible Decision

I will do my own work and write a letter.

Reasons Against

I will get an F if caught.
I wouldn't feel good about myself.
I would not have improved my writing skills.

I might not get an A.
I might not make the Honor Roll.

Reasons For

I want to make an A and get on the Honor Roll.
I don't like to write.
I wouldn't have to do the assignment.

I want to improve my writing skills.
I want to make an A and get on the Honor Roll.
I want to be trustworthy.

Possible Decisions

Turn in Linda's letter.

Write my own letter.

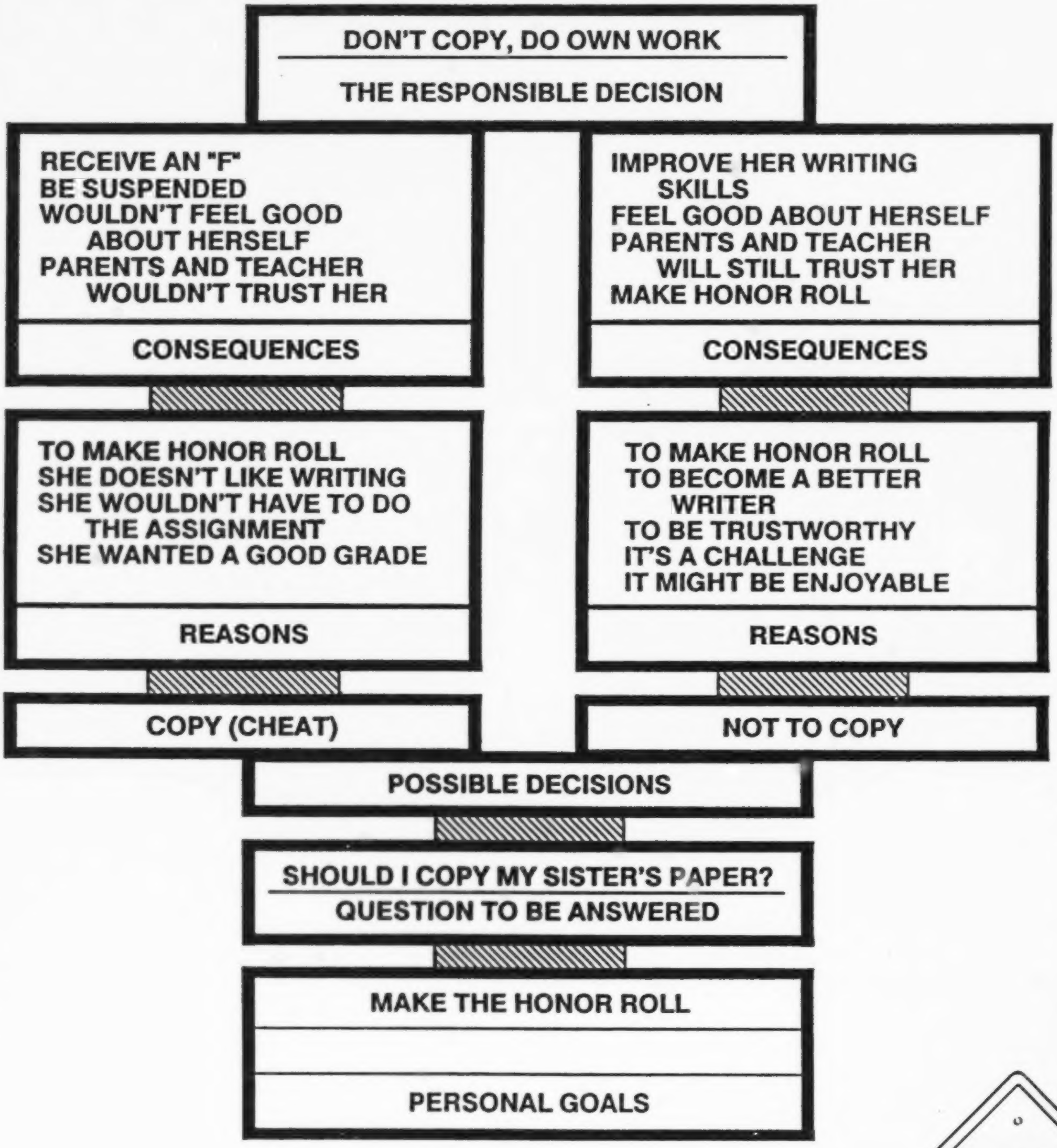
Question to be Answered

Should I turn in Linda's writing assignment or my own?

Personal Goals

I want to be on the school Honor Roll.
I want to do well in school for my parents & myself.
I want to get an A on this assignment.

RESPONSIBLE DECISION MAKING



DON'T COPY, DO OWN WORK

THE RESPONSIBLE DECISION

RECEIVE AN "F" BE SUSPENDED WOULDN'T FEEL GOOD ABOUT HERSELF PARENTS AND TEACHER WOULDN'T TRUST HER	IMPROVE HER WRITING SKILLS FEEL GOOD ABOUT HERSELF PARENTS AND TEACHER WILL STILL TRUST HER MAKE HONOR ROLL
CONSEQUENCES	CONSEQUENCES
TO MAKE HONOR ROLL SHE DOESN'T LIKE WRITING SHE WOULDN'T HAVE TO DO THE ASSIGNMENT SHE WANTED A GOOD GRADE	TO MAKE HONOR ROLL TO BECOME A BETTER WRITER TO BE TRUSTWORTHY IT'S A CHALLENGE IT MIGHT BE ENJOYABLE
REASONS	REASONS
COPY (CHEAT)	NOT TO COPY

POSSIBLE DECISIONS

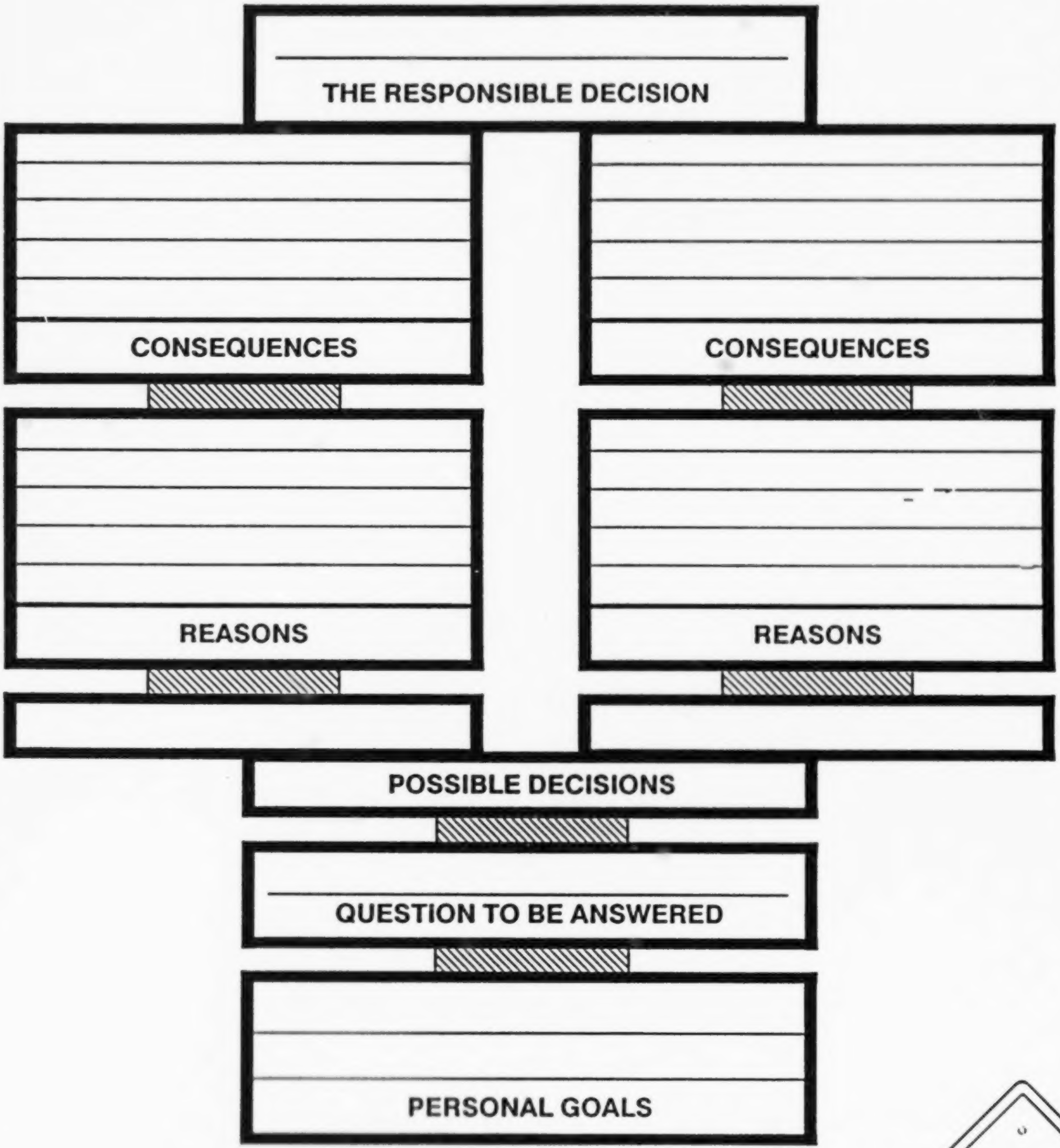
SHOULD I COPY MY SISTER'S PAPER?

QUESTION TO BE ANSWERED

MAKE THE HONOR ROLL

PERSONAL GOALS

RESPONSIBLE DECISION MAKING



THE RESPONSIBLE DECISION

CONSEQUENCES

CONSEQUENCES

REASONS

REASONS

POSSIBLE DECISIONS

QUESTION TO BE ANSWERED

PERSONAL GOALS